



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 4, 2025

Jason Schmidt  
New Life Services Inc  
36022 Five Mile Road  
Livonia, MI 48154

RE: License #: AS820014616  
Investigation #: 2026A0122004  
Kirkland Drive

Dear Mr. Schmidt:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink that reads "Vanita Bouldin". The signature is written in a cursive style with a large initial "V" and a long, sweeping underline.

Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820014616
<b>Investigation #:</b>	2026A0122004
<b>Complaint Receipt Date:</b>	11/20/2025
<b>Investigation Initiation Date:</b>	12/20/2025
<b>Report Due Date:</b>	12/20/2025
<b>Licensee Name:</b>	New Life Services Inc
<b>LicenseeAddress:</b>	36022 Five Mile Road Livonia, MI 48154
<b>Licensee Telephone #:</b>	(734) 744-7334
<b>Administrator:</b>	Jason Schmidt
<b>Licensee Designee:</b>	Jason Schmidt
<b>Name of Facility:</b>	Kirkland Drive
<b>Facility Address:</b>	433 Buckingham Canton, MI 48188
<b>Facility Telephone #:</b>	(734) 397-6939
<b>Original Issuance Date:</b>	01/11/1994
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/08/2025
<b>Expiration Date:</b>	03/07/2027
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
On 10/27/2025 and 11/10/2025 staff members did not follow physician instructions to address Resident A’s seizures.	Yes

**III. METHODOLOGY**

11/20/2025	Special Investigation Intake 2026A0122004 APS Referral
11/20/2025	Special Investigation Initiated - On Site Observed Resident A. Completed interview with home manager, Kelly Johnson. Reviewed Resident A's file.
11/25/2025	Exit Conference Discussed findings with licensee designee, Jason Schmidt.
11/25/2025	Contact – Telephone call made Guardian A1. Unavailable, unable to leave a voice message, voice mailbox full.
11/26/2025	Contact – Telephone call made Guardian A1. Unavailable, unable to leave a voice message, voice mailbox full.

**ALLEGATION: On 10/27/2025 and 11/10/2025 staff members did not follow physician instructions to address Resident A’s seizures.**

**INVESTIGATION:** On 11/20/2025, Resident A was sitting in the facility living room. I observed her to be appropriately dressed, showing no signs of discomfort or distress. She was able to state that she was feeling well but unable to participate in a detailed interview due to cognitive limitations.

On 11/20/2025, I conducted an interview with home manager, Kelly Johnson. Ms. Johnson confirmed that Resident A had one seizure on 10/27/2025 and four seizures on 11/10/2025 and that physician orders were not followed by staff on 11/10/2025. Per Ms. Johnson, Resident A has a physician order to administer medication when she is observed to have a cluster of seizures, i.e. more than one seizure, and the medication was not administered by staff on 11/10/2025.

On 11/20/2025, I reviewed Resident A's file. Resident A's Seizure Action Plan dated, 02/03/2025, documents that if she has a seizure "lasting longer than 5 minutes or cluster of 2 or more seizures in 24 hours," she is to be given Midazolam/Naysilam, "1 spray (5mg) in one nostril as needed for seizures, for prolonged seizures."

Resident A's Seizure Flow Chart documents that she had one seizure on 10/27/2025 and four seizures on 11/10/2025. Resident A's medication administration records dated 10/2025 and November 2025 displayed no staff signatures on 10/27/2025 nor on 11/10/2025, documenting staff did not administer Resident A's seizure medication as prescribed by her physician.

On 11/25/2025, I conducted an exit conference with licensee designee, Jason Schmidt, and discussed my findings with him. Mr. Schmidt agreed with my findings and stated he would submit a corrective action plan to address the rule violation found.

On 11/25/2025 and 11/26/2025, I left voice messages for Guardian A1 requesting a return phone call to discuss my findings in this investigation. As of 12/01/2025, I have received no contact from Guardian A1.

<b>APPLICABLE RULE</b>	
<b>R 400.689</b>	<b>Resident health care.</b>
	<b>(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.</b>
<b>ANALYSIS:</b>	Based upon my investigation, which consisted of an interview with home manager, Kelly Johnson, and a review of pertinent documentation relevant to the investigation there is enough evidence to substantiate that on 11/10/2025, staff members did not administer Resident A's seizure medication as prescribed by her primary care physician. Therefore, staff members did not follow the instructions and recommendations of Resident A's physician.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt and approval of a corrective action plan, I recommend the status of the license remain unchanged.



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Vanita C. Bouldin  
Licensing Consultant

Date: 12/01/2025

Approved By:



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Ardra Hunter  
Area Manager

Date: 12/04/2025