



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 26, 2026

Zubair Ahmed
Great Lakes Assisted Living INC
5700 Crooks Rd Ste. 225
#70935
Troy, MI 48098

RE: License #: AS630408702
Safe Haven Hill
389 Slocum Drive
Auburn Hills, MI 48326

Dear Zubair Ahmed:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS630408702
Licensee Name:	Great Lakes Assisted Living INC
Licensee Address:	5700 Crooks Rd Ste. 225 #70935 Troy, MI 48098
Licensee Telephone #:	(248) 710-7056
Licensee Designee/Administrator:	Zubair Ahmed
Name of Facility:	Safe Haven Hill
Facility Address:	389 Slocum Drive Auburn Hills, MI 48326
Facility Telephone #:	(248) 710-7056
Original Issuance Date:	10/08/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.641	Resident behavior interventions.
	(2) Interventions must be specified in the resident's assessment plan and performed in accordance with that plan. Interventions must ensure that the safety, welfare, and rights of the resident are adequately protected. If an intervention is needed to address the unique programmatic needs of a resident, the intervention must be developed in consultation with, or obtained from, a professional or professionals licensed, certified, or registered in that scope of practice.

During the onsite inspection, it was observed that Resident A has been refusing medications on a daily basis since moving into the home in October 2025, including his prescribed insulin. There was no plan in place specifying interventions to address this behavior or his unique programmatic needs.

R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Resident B is prescribed Spironolacton 25mg tab- give 1 tablet as needed if weight gain of 2 lbs. in 24 hours. From 02/27/26-02/28/26 and 03/19/26-03/20/26, Resident A gained more than two pounds, but the medication administration record (MAR) does not indicate that Spironolacton was administered.

Resident B is also prescribed Amiodarone HCL 200mg tab- give 1 tablet by mouth one time a day related to tachycardia. Hold if pulse is less than 60. On 02/06/26, 02/21/26, and 02/25/26 Resident B's pulse was less than 60, but the MAR indicates that the medication was passed.

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

During the onsite inspection, it was noted that Resident A is refusing his medications on a daily basis. Staff were not consistently documenting medication refusals, as they initialed the MAR indicating the medications were passed when they were refused on 03/02/26, 03/03/26, 03/10/26, 03/13/26, and 03/19/26.

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.


Resident A is prescribed Nystatin cream- apply to the coccyx region four times a day as needed for rash/scales. Staff applied the cream on 03/18/26, but indicated that the reason for the administration of the cream was for agitation.

R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.

During the onsite inspection, it was observed that Resident A has been refusing medications on a daily basis since moving into the home in October 2025, including his insulin. Staff noted that Resident A's physician is aware of the refusals; however, there were no documented instructions on file indicating the procedures to follow for each refused medication.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



Kristen Donnay
Licensing Consultant

Date