



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 8, 2026

Harry Gross  
Nova Vida Inc  
Box 92  
1693 N Otto Road  
Charlotte, MI 48813

RE: License #: AS230010636  
**Nova Vida Inc**  
**4535 Bittersweet Lane**  
**Lansing, MI 48917**

Dear Harry Gross:

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 or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan and an approved environmental health report, a regular license and specialized certification for the developmentally disabled populations, 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS230010636
<b>Licensee Name:</b>	Nova Vida Inc
<b>Licensee Address:</b>	Box 92 1693 N Otto Road Charlotte, MI 48813
<b>Licensee Telephone #:</b>	(517) 204-6216
<b>Licensee Designee:</b>	Harry Gross
<b>Administrator:</b>	Harry Gross
<b>Name of Facility:</b>	Nova Vida Inc
<b>Facility Address:</b>	4535 Bittersweet Lane Lansing, MI 48917
<b>Facility Telephone #:</b>	(517) 204-6216
<b>Original Issuance Date:</b>	02/07/1987
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 06/04/2026

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

Date of Environmental/Health Inspection if applicable: 03/14/2024; however, the environmental health department scheduled an inspection for the end of June 2026.

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role: [REDACTED]

- 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   
Variances for rules 400.681(3)(b) and 400.725(3) were approved on 04/03/2026 allowing all the doors of the facility to be locked against egress and restricting freedom of movement. The variance was approved as long as Resident A remains in the facility, the conditions of Resident A's Annual Behavior Plan are implemented as directed, all residents who can safely manage the key code # are regularly provided with the key code #, and the key code locks remain connected to the fire suppression system.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.**

**FINDING:** Direct care staff, Fmu Wafo, did not have an eligibility letter through the Workforce Background Check system for this facility. Although an eligibility letter was on file, it was associated with another facility owned by the licensee. Background check eligibility must be maintained for each facility where an individual is employed.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.**

**FINDING:** Multiple direct care staff, including Fmu Wafo, Samone Gale, and Kristina Faust, did not have documentation in their staff records verifying training and competency in food safety.

**R 400.629                      Direct care staff; qualifications and training.**

**(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:**

**(i) Nutrition and special diets.**

**FINDING:** Multiple direct care staff, including Fmu Wafo, Samone Gale, and Kristina Faust, did not have documentation in their staff records verifying training and competency in nutrition and special diets.

**R 400.637                      Handling of resident funds and valuables.**

**(7) Except for bank accounts, a licensee shall not maintain resident funds of more than \$400.00, as defined in R 400.601(1)(y), for any resident of the facility after receiving payment of charges owed.**

**FINDING:** The licensee has access to and manages resident funds through debit cards. At the time of inspection, Resident A and Resident B had accessible balances of \$960.07 and \$863.46, respectively, exceeding the \$400 limit.

**[REPEAT VIOLATION ESTABLISHED, SEE RENEWAL LSR DATED 06/28/2024, CAP DATED 07/05/2024]**

**[REPEAT VIOLATION ESTABLISHED, SEE RENEWAL LSR DATED 06/24/2022, CAP DATED 07/07/2022]**

**R 400.639                    Staff records.**

**(1) A licensee shall maintain a record for each staff that contains all of the following:**

**(e) Verification of experience, highest level of education completed, and training.**

**FINDING:** Multiple direct care staff, including Fmu Wafo, Samone Gale, and Kristina Faust, did not have documentation in their staff records verifying their highest level of education completed.

**R 400.663                    Nutrition; adoption by reference.**

**(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.**

**FINDING:** Menus were not being written at least 1 week in advance, as required.

**R 400.665                    Food service.**

**(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.**

**FINDING:** Leftover food stored in the refrigerator was not labeled with a discard date.

**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.**

**FINDING:** Resident B's Medication Administration Record (MAR) documented Resident B is prescribed an "as needed" or PRN medication, Olanzapine ODT 5 mg tablet with the instruction of dissolve 1 tablet on tongue twice daily as needed for agitation; however, this medication was unavailable in the facility. Subsequently, this medication could not be given to Resident B in the event he needed it, as required.

**[REPEAT VIOLATION ESTABLISHED, SEE RENEWAL LSR DATED 06/28/2024, CAP DATED 07/05/2024]**

**R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.**

**FINDING:** Resident C's assessment plan was not updated annually. The most recent assessment plan on file was dated 02/24/2025.

**R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:**

**(b) The services to be provided and the fee for those services.**

**FINDING:** None of the Resident Care Agreements (RCAs) reviewed documented the fee for AFC services.

**R 400.685**

**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.**

**FINDING:** Resident C's RCA was not updated annually. The most recent RCA on file was dated 02/24/2025.

**R 400.693**

**Incident notification, incident records.**

**(3) An incident must be recorded on a department-approved form, or a facility form that contains the same information, and retained in the facility for 2 years.**

**FINDING:** The licensee designee stated incident reports were being completed, but they were not available for review during the inspection.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan and an approved environmental health inspection report, renewal of the license and specialized certification for the developmentally disabled populations is recommended.



06/08/2026

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Cathy Cushman  
Licensing Consultant

Date