GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 3, 2026

Andre Lately
ASPGM LLC
41830 Carousel
Novi, MI 48377

RE: License #: AS820385859
Investigation #: 2026A0901036
All Love Home

Dear Andre Lately:

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 (313) 456-0380.

Sincerely,

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 949-3029

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820385859
Investigation #:	2026A0901036
Complaint Receipt Date:	06/02/2026
Investigation Initiation Date:	06/03/2026
Report Due Date:	08/01/2026
Licensee Name:	ASPGM LLC
Licensee Address:	41830 Carousel Novi, MI 48377
Licensee Telephone #:	(313) 263-6290
Administrator:	Andre Lately
Licensee Designee:	Andre Lately
Name of Facility:	All Love Home
Facility Address:	28529 PARKWOOD ST INKSTER, MI 48141
Facility Telephone #:	(734) 895-8469
Original Issuance Date:	07/12/2017
License Status:	REGULAR
Effective Date:	01/12/2025
Expiration Date:	01/11/2027
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The facility is dirty.	No
Resident A sleeps on the floor due to his bed being too small.	No
There is a food shortage at the facility.	No
Residents leave the facility for hours without staff knowing.	No
There have been medication errors.	No
The residents are in the facility all day with no activities.	Yes
Additional Findings	Yes

III. METHODOLOGY

06/02/2026	Special Investigation Intake 2026A0901036
06/03/2026	Special Investigation Initiated – Telephone Complainant
06/03/2026	Adult Protective Services Referral
06/04/2026	Referral - Recipient Rights
06/04/2026	Inspection Completed On-site Staff, Damarco Hunter Staff, Shara Newell Home manager, Michael Patterson Residents A-C
06/09/2026	Contact - Telephone call made Licensee designee, Andre Lately
06/10/2026	Inspection Completed On-site Residents B and D
06/10/2026	Contact - Document Received Email, staff training and medication log sheets

06/16/2026	Exit Conference Licensee designee, Andre Lately
06/16/2026	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

The facility is dirty.

INVESTIGATION:

On 06/04/2026, I conducted an unannounced onsite inspection at the facility and did not observe it to be dirty. I also observed the bathroom and the residents' bedrooms which were not dirty. Staff, Damarco Hunter and Shara Newell, were present and interviewed. They stated they never observed the facility to be filthy during their shifts and that each shift assists daily with maintaining the facility.

During the onsite inspection on 06/04/2026, I interviewed Residents A-C separately. They each stated staff clean the facility every day and that they assist by cleaning their rooms.

On 06/10/2026, I conducted another onsite inspection at the facility, and the facility was observed to be clean and maintained appropriately. During this onsite inspection I interviewed Residents B and C separately. They stated staff clean the facility every day and they sometimes assist.

APPLICABLE RULE	
R 400.647	**Safety and maintenance of premises.**
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on my observation and the information I obtained during this investigation, there is a lack of evidence to confirm the allegation. During each onsite inspection I observed the facility to be clean and the staff and residents I interviewed confirmed the facility is cleaned daily.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Resident A sleeps on the floor due to his bed being too small.

INVESTIGATION:

On 06/03/2026, I made a telephone call to the complainant. She stated Resident A was too big for his bed and therefore sleeps on the floor.

On 06/04/2026, I conducted an onsite inspection at the facility. I observed Resident A's bed, which appeared to be a twin size. I interviewed Resident A. He denied the bed being too small for him and stated he did not have a problem with his bed and that it was comfortable. He stated sometimes he chooses to sleep on the floor because he can feel his fan better and it is cooler.

During the onsite inspection on 06/04/2026, I interviewed the home manager, Michael Patterson. He stated Resident A never complained about his bed and chooses to sleep on the floor.

On 06/09/2026, I made a telephone call to the licensee designee, Andre Lately. He stated Resident A never complained to him about his bed and if Resident A wanted a bigger bed, he would have no problem accommodating him.

APPLICABLE RULE	
R 400.661	**Bedroom furnishings.**
	(1) Bedroom furnishings must include all of the following: **(a) A bed that is not less than 36 inches wide and not less than 72 inches long with a foundation that is clean, in good condition, and provides adequate support.**
ANALYSIS:	Based on my observation and the information I obtained during this investigation, there is a lack of evidence to confirm that Resident A does not have adequate bedding. I observed Resident A's bed to be appropriate, and he reported not having any issues with his bed and stated he choose to sleep on the floor.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

There is a food shortage at the facility.

INVESTIGATION:

On 06/03/2026, I made a telephone call to the complainant. She stated the residents get three meals a day but expressed concern that the pantry stays locked. She stated only one staff person has access to it and is responsible for setting out the items on the menu. The complainant felt the pantry should remain unlocked and accessible to all staff. She said when they are low on items, they are required to make a list and notify the licensee designee, Andre lately. She further said if something is not available, they make substitutions based on what is available and if a resident is not full after eating a meal they offer them a sandwich.

On 06/04/2026, I conducted an onsite inspection at the facility. The refrigerator and freezer in the kitchen were low on food. Staff, Damarco Hunter and Shara Newell, were present. They stated the residents get three full meals a day. They explained that there was additional food, besides what was in the kitchen, but that room was locked and they did not have access to it. Shara contacted the home manager, Michael Patterson, who arrived and unlocked door. That room was sufficiently stocked with food, including a refrigerator and freezer that were appropriately stocked. Michael stated he keeps the key to the pantry and stocks the kitchen with the food items needed for the residents' meals.

During the onsite inspection on 06/04/2026, I interviewed Residents A-C separately. They each reported getting 3 meals a day and that they get enough to eat. They stated if there is not enough for seconds, they are offered a sandwich. They also stated they are given snacks between meals.

On 06/09/2026, I made a telephone call to Andre. He denied the allegations. He stated he goes grocery shopping weekly, therefore, there is always food in the facility.

On 06/10/2026, I made another onsite inspection at the facility and interviewed Resident D and E separately. They stated they get three meals a day and get enough to eat. Resident D said if he does not like something he is given an alternative.

APPLICABLE RULE	
R 400.663	**Nutrition; adoption by reference.**
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.

ANALYSIS:	Based on the information I obtained during this investigation, there is a lack of evidence to confirm the allegation. All the residents reported getting three meals a day as required. In addition to this, the food supply was adequately stocked.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

Residents leave the facility for hours without staff knowing.

INVESTIGATION:

On 06/03/2026, I made a telephone call to the complainant. She stated none of the residents are required to have 1:1 supervision, but some of them do not always sign in and out like they are supposed to. Although staff tell them to the residents do not sign in and out consistently, therefore, staff do not always know their whereabouts. She also stated there was a former resident that used to constantly leave the facility for hours at a time and would not sign in and out or check in with staff. She felt management should be stricter about not allowing the residents to freely leave the facility at will. I explained to her that would be a violation of their rights.

On 06/04/2026, I conducted an onsite inspection at the facility. Staff, Staff, Damarco Hunter and Shara Newell were present. They stated none of the residents require 1:1 supervision. They explained that the residents are supposed to sign themselves out when leaving the facility. They stated overall this is not an issue, but sometimes they forget or would verbally tell staff they are leaving and have to be reminded to sign the logbook.

During the onsite inspection on 06/04/2026, I interviewed the home manager, Michael Patterson. He stated none of the residents require 1:1 supervision and are allowed to go in the community as they please. He stated they are supposed to sign themselves out when leaving and showed me the logbook. Michael said some of the residents rarely go anywhere and others they remind daily to sign out.

On 06/09/2026, I made a telephone call to the licensee designee, Andre Lately. He confirmed that none of the residents require 1:1 supervision and that they have a sign-in and out procedure that the residents are required to follow.

APPLICABLE RULE	
R 400.671	**Resident care.**
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Based on the information I obtained during this investigation, there is a lack of evidence to confirm the allegation. There is no indication that the residents are not receiving the supervision they require. As indicated by the complainant and everyone interviewed, none of the residents require 1:1 supervision. Although they may not always follow the sign-in and out procedure, they can go in the community at will and as long as they like.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

There have been medication errors.

INVESTIGATION:

On 06/03/2026, I made a telephone call to the complainant. She stated she believes some of the staff that pass medications are not trained and should not be passing medications. She also stated medication errors have occurred but could not provide specific details regarding the type of errors, who it involved, or when.

On 06/04/2026, I conducted an onsite inspection at the facility. Staff, Damarco Hunter and Shara Newell, were present. They stated they were not aware of any medication errors. Shara explained that not all staff pass medication, including herself. She stated the licensee designee, Andre Lately, does not allow staff to pass

medication until they have completed training, as well as done personal training and shadowing with him.

During the onsite inspection on 06/04/2026, I interviewed the home manager, Michael Patterson. He stated he was not aware of any medication errors and stated all staff are trained before passing medications.

During the onsite inspection on 06/04/2026, I interviewed Residents A-C separately. They denied having any errors with their medications. They stated they get them every day on time and denied ever being without their medication or ever being given the wrong medication.

On 06/09/2026, I made a telephone call to Andre. He was adamant that staff are not allowed to pass medications unless he has personally trained them and observed them. He said he does not let staff pass medication until he feels they are competent in this area and are ready to do so. Andre also stated he was not aware of any medication errors and if there was an error, it was not brought to his attention. He further said the medication log sheets are done in an electronic system and he would print them and send me copies. I also requested copies of staff training records.

On 06/10/2026, I conducted another onsite inspection at the facility and interviewed Residents C and D separately. They also reported getting their medication everyday as prescribed and denied being without their medication or being given the wrong medication.

On 06/10/2026, I received an email from Andre that consisted of staff training and the medication log sheets for the year 2026. The log sheets were completely and accurately filled out, and the staff had all required training, including medication training.

APPLICABLE RULE	
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: **(a) Be trained in the proper handling and administration of medication.** **(b) Complete an individual medication log that contains all of the following:** **(i) Medication name.** **(ii) Dosage.** **(iii) Label instructions for use.** **(iv) Time to be administered.** **(v) Initials of the individual who administered the medication at the time given.** **(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.**
ANALYSIS:	Based on the information I obtained during this investigation, there is a lack of evidence to confirm that staff are not trained in the proper handling and administration of medication and that errors have occurred. The licensee designee and the staff that were interviewed denied any knowledge of medication errors and the residents reported no errors. In addition to this, the complainant was unable to provide specific details regarding the alleged medication errors. Furthermore, the medication log sheets were appropriately filled out and all staff had verifiable medication training.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION:

The residents are in the facility all day with no activities.

INVESTIGATION:

On 06/03/2026, I made a telephone call to the complainant. She stated the residents are always at the facility and never go on outings.

On 06/04/2026, I conducted an onsite inspection at the facility. Staff, Damarco Hunter and Shara Newell, were present. They stated there was not an activity schedule and that the residents do not go on outings.

During the onsite inspection on 06/04/2026, I interviewed Residents A-C separately. They each stated there was no activity schedule. Resident A said the only outings they go on are to the store. Resident B reported the last outing was in December and Resident C could not remember the last time they went on an outing. He said it had been a while. Each resident also said there was nothing to do at the facility besides watching movies.

I conducted another onsite inspection at the facility on 06/10/2026. Staff, Latara Thomas, was present and interviewed. She stated they did not have an activity schedule. She showed me the desk calendar that activities are supposed to documented on but it was blank besides one outing to Dollar Tree.

During the onsite inspection 06/10/2026, I interviewed Residents D and E separately. They also reported here was no activity schedule and that they rarely go on outings.

On 06/16/2026, I made a telephone call to the licensee designee, Andre Lately. He admitted there was not an activity schedule and that this was an area he needed to work on. He stated staff were welcomed to take the residents on outings and this is something he encourages, but he said realizes he needs to put something in writing and enforce it better.

APPLICABLE RULE	
R 400.679	**Resident recreation.**
	(1) A licensee shall provide and promote activities and the use of leisure and recreational equipment that are appropriate to the number, care, needs, age, and interests of residents.

ANALYSIS:	Based on the information I obtained during this investigation, activities are not being provided and promoted as required. The staff and residents reported there was not an activity schedule, and the residents rarely go on outings. The licensee designee admitted to not enforcing this as strongly as he should and plans to put a better system in place to make sure it is done.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

On 06/04/2026, I conducted an onsite inspection at the facility. I observed the menu, which was dated 05/22/2026-06/04/2026. Staff, Damarco Hunter and Shara Newell, were present. When asked about the menu for the rest of the week and the following week, they stated the home manger, Michael Patterson, was responsible for doing the menu and he had not updated it yet. Michael later arrived during this onsite inspection and was asked about the menu. He stated he had not updated it yet and does it daily.

On 06/16/2026, I made a telephone call to the licensee designee, Andre Lately, for an exit conference. I informed him of my investigative findings. He stated he would make sure Michael do the menus in advance and that he was already working on implementing an activities schedule and making sure staff adhere to it.

APPLICABLE RULE	
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.
ANALYSIS:	Based on my observation during this investigation, the menus were not being completed at least a week in advance and the home manger admitted to updating the menus daily.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.

_____07/23/2026

Regina Buchanan Date
Licensing Consultant

Approved By:

08/03/2026

_____

Ardra Hunter Date
Area Manager