



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 22, 2022

Arteria Young  
Infinity Care LLC  
P.O. Box 40658  
Redford, MI 48240

RE: License #: AS820384497  
**Dunning II**  
**26125 Dunning**  
**Inkster, MI 48141**

Dear Ms. Young:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820384497

**Licensee Name:** Infinity Care LLC

**Licensee Address:** 14175 Garfield  
Redford, MI 48239

**Licensee Telephone #:** (313) 516-7947

**Licensee/Licensee Designee:** Arteria Young, Designee

**Administrator:** Arteria Young

**Name of Facility:** Dunning II

**Facility Address:** 26125 Dunning  
Inkster, MI 48141

**Facility Telephone #:** (313) 558-9607

**Original Issuance Date:** 09/21/2017

**Capacity:** 5

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/21/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 00

No. of others interviewed 01 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No residents were available; 3 of 3 out of the home.
- 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:  
9/24/20: 205(5), 301(10), 312(1) 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 330.1803**

**Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

Resident placed in the home on 6/27/22; observed the E-score was completed on 6/9/22. This E-score included the resident placed on 6/27/22 although the resident was not in the home yet. No subsequent E-score completed within the 30-day requirement.

Ms. Young indicated E-scores are completed by another Staff. Ms. Young acknowledged the date on the E-score conflicts with the placement date.

This is a **REPEAT VIOLATION**; See Renewal Licensing Study Report dated 11/27/18.

**R 400.14204            Direct care staff; qualifications and training.**

**(3) 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 competent before performing assigned tasks, which shall include being competent in all of the following areas:**

**(b) First aid.**

Direct care worker, DeAngelo Simpson has not completed First Aid training; his date of hire is 5/11/22.

Ms. Young reported she was not aware Mr. Simpson did not complete First Aid training. According to Ms. Young, he was scheduled to complete this training module on the same day he completed CPR.

**R 400.14312            Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(a) Be trained in the proper handling and administration of medication.**

DCW DeAngelo Simpson has no verification of training in medication administration. Per Ms. Young, Mr. Simpson does administer resident medication.

Ms. Young reported Mr. Simpson has been properly trained on how to pass medication. However, Ms. Young said it was an oversight a copy of the training certificate was not placed in the employee record.

**R 400.14312            Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

Observed multiple Medication Administration Records dating back to Sept 2021 that do not include the signature of the person(s) administering resident medication.

**R 400.14315            Handling of resident funds and valuables.**

(13) A licensee shall provide a complete accounting, on an annual basis and upon request, of all resident funds and valuables which are held in trust and in bank accounts or which are paid to the home, to the resident, or to his or her designated representative. The accounting of a resident's funds and valuables which are held in trust or which are paid to the home shall also be provided, upon the resident's or designated representative's request, not more than 5 banking days after the request and at the time of the resident's discharge from the home.

Resident Funds II not available for department review upon request.

Per Ms. Young, she maintains copies of payments made to the home at the main office.

**R 400.14318            Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

The licensee failed to assure fire drills were completed as follows:

- No DAY drill during the 4<sup>th</sup> quarter of 2020.
- No DAY or EVENING drills during the 2<sup>nd</sup> quarter of 2021.
- No SLEEP drill during the 3<sup>rd</sup> quarter of 2021.
- No DAY drill during the 2<sup>nd</sup> quarter of 2022.

**R. 400.14511            Flame-producing equipment; enclosures.**

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

Observed the fire door does not close to form a positive latch.

A corrective action plan was requested and approved on 09/21/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



09/22/22

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Kara Robinson  
Licensing Consultant

Date