



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 14, 2023

Paris McCurdy
MILQCARE, LLC
3220 Allen Street
Inkster, MI 48141

RE: License #: AS820319525
MILQ Care #2
3220 Allen Street
Inkster, MI 48141

Dear Paris McCurdy:

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:

- You are to submit a Statement of Correction.

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 cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #:	AS820319525
Licensee Name:	MILQCARE, LLC
Licensee Address:	3220 Allen Street Inkster, MI 48141
Licensee Telephone #:	(313) 929-0872
Licensee/Licensee Designee:	Paris McCurdy
Administrator:	Paris McCurdy
Name of Facility:	MILQ Care #2
Facility Address:	3220 Allen Street Inkster, MI 48141
Facility Telephone #:	(313) 929-0872
Original Issuance Date:	10/11/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/13/2023

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 0

No. of residents interviewed and/or observed 1

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
Resident is currently not on medication
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
Resident is currently not on medication
- 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.
Resident had already eaten
- Fire drills reviewed? Yes No If no, explain.
None completed
- 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.
None
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
07/19/2021 Rule:403 (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 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(e) Verification of experience, education, and training.

Staff, Anthony Prather, did not have on file verification of completion of updated Recipient Rights training. Traumatic Brain Injury is one of the home's program types and Anthony did not have on file verification of TBI training.

The licensee designee, Paris McCurdy, later sent over verification of updated Recipient Right training on 07/13/2023.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A's Assessment Plan was not signed by the licensee designee, Paris McCurdy, or the guardian to verify it was completed with the guardian.

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

There was damage to the basement wall located toward the end of the basement stairs, facing the stairs.

REPEAT VIOLATION {RENEWAL INSPECTION 07/16/2021}

IV. RECOMMENDATION

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



Regina Buchanan
Licensing Consultant

07/14/2023

Date