GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 29, 2026

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

RE: Application #: AS820420077
Chamberlain AFC
6076 Chamberlain
Romulus, MI 48174

Dear Ms. Young:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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,

K. Robinson

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 919-0574

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820420077
Applicant Name:	Infinity Care LLC
Applicant Address:	P.O. Box 40658 Redford, MI 48240
Applicant Telephone #:	(313) 516-7947
Administrator/Licensee Designee:	Ateria Young, Designee
Name of Facility:	Chamberlain AFC
Facility Address:	6076 Chamberlain Romulus, MI 48174
Facility Telephone #:	(734) 331-3778
Application Date:	11/17/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/17/2025	Enrollment
11/17/2025	PSOR on Address Completed
11/17/2025	Application Incomplete Letter Sent RI0303 requested
02/05/2026	Contact - Document Sent
02/18/2026	Contact - Document Received RI030 Rec'd
03/12/2026	Application Incomplete Letter Sent
04/09/2026	Contact - Document Received
06/04/2026	Contact - Document Sent
06/17/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Chamberlain AFC home is located in a suburban neighborhood in the northern part of Romulus just a few blocks east of Wayne Road. The home is zoned in the Romulus Community Schools District with K-12 schools located less than 10 minutes away by car. Romulus Community Parks & Recreation maintain several community parks nearby such as Jaycee Park. Local clinics like Concentra and Romulus Medical Center provide primary and urgent care services near the facility, in addition, Henry Ford Wyandotte Hospital is available to provide inpatient care. Residents may access mental health services close by at Hegira Health, Inc. or Adult Well Being Services. On-street parking is available at the home with no metered zones.

Due to the facility's location, it utilizes both public water and sewage systems which were both inspected by the Bureau of Community Health Systems on 6/17/26 and determined to be in substantial compliance with all applicable environmental health and safety rules.

Earl Miller, Vice Chair of Infinity Care, LLC signed a quick claim deed to purchase the property on 3/11/25.

This home is a new build completed in 2025. It is a single story structure with 3 spacious bedrooms, 2 full baths, living room, eat-in kitchen, unfinished basement, and an attached garage. There is an electric washer and dryer located across from bedroom #1. The two required means of egress are located at the front entrance and off the kitchen. The door off the kitchen exits to a ramp that extends to the front of the house and back deck. There are wheelchair ramps located at both means of egress, so the home can accommodate residents who require the regular use of a wheelchair. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The heat plant is located in the basement. The fire door is located at the top of the basement stairs. The fire door has a 3-hour fire resistant rating, and it is equipped with an automatic self-closing device and positive latching hardware to create floor separation. The furnace and electrical system were inspected on 11/24/25 and 4/17/25 by licensed a licensed professional, respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system identified as Kidde brand, with battery backup, which was inspected by a licensed electrician on 4/17/25 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, basement, and living room. A heat detector was installed in the kitchen that is interconnected as well.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13.42 X 11.75	158	2
2	13 X 11.83	154	2

3	19 X 12.66	241	2

The living room and dining areas measure a total of 302 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male and/or female, ambulatory and nonambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, wheelchair accessible, and physically handicapped in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents placed by the Detroit Wayne Integrated Health Network for referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty. Because the home is specialized, the applicant will provide or arrange transportation for residents in care.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Infinity Care, LLC, which is a Domestic Limited Liability Company, was established in Michigan, on 11/6/14. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Infinity Care, LLC have submitted documentation appointing Ateria Young as Licensee Designee for this facility and Ateria Young as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee good health, dated 4/6/26.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The applicant has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home (capacity 1 - 6).

06/27/26

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Kara Robinson — Date
Licensing Consultant

Approved By:

06/29/26

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Ardra Hunter — Date
Area Manager