



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 25, 2022

John Mos  
Infinite Care, LLC  
3736 Veronica Dr  
Sterling Heights, MI 48310

RE: License #: AS630386851  
**Lochmoor Home**  
**29490 Lochmoor**  
**Farmington Hills, MI 48334**

Dear Mr. Mos:

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, a regular license 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 (248) 975-5053.

Sincerely,

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

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630386851
<b>Licensee Name:</b>	Infinite Care, LLC
<b>Licensee Address:</b>	29490 Lochmoor Farmington Hills, MI 48334
<b>Licensee Telephone #:</b>	(888) 255-5426
<b>Licensee Designee:</b>	John Mos
<b>Administrator:</b>	Simion Pop
<b>Name of Facility:</b>	Lochmoor Home
<b>Facility Address:</b>	29490 Lochmoor Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(888) 255-5426
<b>Original Issuance Date:</b>	08/03/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 01/24/2022

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 4  
No. of others interviewed [redacted] 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.  
Meal preparation did not occur during inspection
- 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:  
400.1316(1)(a), 400.1312(2), 400.1401(2), 400.1403(1), 400.1403(2),  
400.1403(11), 400.1507(2), 400.1511(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:

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

During the on-site inspection on 01/24/2022, I reviewed Resident A's resident care agreements dated 01/11/2021 and 01/11/2022. Both resident care agreements were not signed by Resident A's case manager with Easter Seals.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the on-site inspection on 01/24/2022, I reviewed Resident A's medications and medication logs and found the following error:

- **Ammonium Lac 12%:** apply to affected area daily was not given pursuant to label instructions from 04/01/2021-04/30/2021.
- **Ibuprofen 800MG:** take one tablet by mouth three times a day with food was not given pursuant to label instructions. Staff were administering this medication as a PRN (as needed) medication instead of scheduled from 09/01/2021-09/08/2021, 09/17/2021, 09/18/2021, 09/22/2021-09/26/2021 and 09/29/2021-09/30/2021.

**REPEAT VIOLATION ESTABLISHED: LSR DATED 02/03/2020; CAP DATED 02/14/2020**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the on-site inspection on 01/24/2022, I reviewed Resident A’s medications and medication logs and found the following errors:

- **Trazodone 50MG TAB:** take two tablets by mouth at bedtime as needed was given at 8PM from 12/01/2021-12/31/2021 and staff only recorded the reason for this as needed medication on 12/24/2021; from 11/01/2021-11/30/2021 and from 10/01/2021-10/31/2021 staff did not record the reasons for this as needed medication at all for both November and October 2021.
- **Docosate SOD 100MG CAP:** take one capsule by mouth twice a day at bedtime as needed was given daily at 8AM and 8PM from 01/01/2022-01/25/2022; from 12/01/2021-12/31/2021; from 10/01/2021-10/31/2021 from 9/01/2021-9/30/2021; and from 04/01/2021-04/30/2021, but staff did not record the reason for this as needed medication for any of the months this medication was given.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

During the on-site inspection on 01/24/2022, I reviewed Resident A’s medications and medication logs and found the following errors:

- **Trazodone 50MG TAB:** take two tablets by mouth at bedtime as needed was given at 8PM from 12/01/2021-12/31/2021; from 11/01/2021-11/30/2021 and from 10/01/2021-10/31/2021 staff did not contact Resident A’s prescribing physician to evaluate Resident A’s prolonged use of this as needed medication.
- **Docosate SOD 100MG CAP:** take one capsule by mouth twice a day at bedtime as needed was given daily at 8AM and 8PM from 01/01/2022-01/25/2022; from 12/01/2021-12/31/2021; from 10/01/2021-10/31/2021 from 9/01/2021-9/30/2021; and from 04/01/2021-04/30/2021, but staff did not contact Resident A’s prescribing physician to evaluate Resident A’s prolonged use of this as needed medication.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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:

	(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.
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During the on-site inspection on 01/24/2022, I reviewed Resident A's medications and medication logs and found the following errors:

- **Clindamycin 1% Sol:** apply a thin layer to affected area of skin twice a day was refused by Resident A at 8AM from 04/01/2021-04/30/2021, but staff did not contact the prescribing physician for procedure and staff did not record the instructions given.
- **Benzoyl Per 10% Gel:** apply a thin layer to affected area daily was refused by Resident A at 8AM from 04/01/2021-04/30/2021, but staff did not contact the prescribing physician for procedure and staff did not record the instructions given.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the on-site inspection on 01/24/2021, Resident A's medications **Clotrimazole Cream USP, 1%** expired on 07/11/2021, **Ammonium Lac 12%** expired on 07/11/2021, **Benzoyl Peroxide 10% Gel** expired on 01/11/2022 and **Clindamycin 1% SOL** expired on 08/28/2021, but these expired medications were not disposed of as they were still in Resident A's medication basket.

<b>R 400.14401</b>	<b>Environmental health.</b>
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

During the on-site inspection on 01/24/2022, the hot water was outside the range of 105°-120°Fahrenheit at the kitchen's faucet (127°) Fahrenheit, at bathroom #1 faucet (129.6°) Fahrenheit and at bathroom #2 faucet (124.5°) Fahrenheit.

<b>R 400.14402</b>	<b>Food service.</b>
	(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food

	preparation surfaces and areas shall be kept clean and in good repair.
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During the on-site inspection on 01/24/2022, the filter under the microwave was covered in grease and not clean.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the on-site inspection on 01/24/2022, a foul odor is coming from inside the dishwasher. According to the home manager, each time the kitchen faucet is used, water backs into the dishwasher causing the foul odor. Therefore, the plumbing is not in good working condition.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Frodet Dawisha*

01/25/2022

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Frodet Dawisha  
Licensing Consultant

\_\_\_\_\_  
Date