

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 31, 2024

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

RE: License #: AS630386851

Lochmoor Home 29490 Lochmoor

Farmington Hills, MI 48334

Dear Simion Pop:

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 documentation of compliance.
- You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Frodet Dawisha, Licensing Consultant Bureau of Community and Health Systems

Irrodet Navisha

3026 W. Grand Blvd Cadillac Place, Ste 9-100 Detroit, MI 48202

(248) 303-6348

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

I. IDENTIFYING INFORMATION

License #:	AS630386851
Licensee Name:	Infinite Care, LLC
Licensee Address:	29490 Lochmoor
	Farmington Hills, MI 48334
Licensee Telephone #:	(888) 255-5426
Licensee relephone #.	(000) 253-5420
Licensee/Licensee Designee:	Simion Pop
Administrator:	John Mos
Name of Facility	1
Name of Facility:	Lochmoor Home
Facility Address:	29490 Lochmoor
l domey / tadiooo!	Farmington Hills, MI 48334
Facility Telephone #:	(888) 255-5426
Original Issuance Date:	08/03/2017
Consitu	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED
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II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	01/31/2	2024
Date	e of Bureau of Fire Services Inspection if app	licable:	N/A
Date	e of Health Authority Inspection if applicable:		N/A
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 2 Role: licensee	e designe	0 0 ees
•	Medication pass / simulated pass observed? There are currently no residents admitted int Medication(s) and medication record(s) review	to this fa	cility
•	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. There are currently no residents admitted into this facility Fire drills reviewed? Yes No If no, explain.		
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [• ,	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.
•	Corrective action plan compliance verified? N/A Number of excluded employees followed-up?		CAP date/s and rule/s: 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 400.14401	Environmental health.	
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner	
	that continually protects the health of residents.	

During the on-site inspection on 01/31/2024, I observed mice droppings in the cabinet underneath the kitchen sink.

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.	

During the on-site inspection on 01/31/2024, the dishwasher is not working properly and there is a strong odor coming from inside.

R 400.14403	Maintenance of premises.	
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.	

During the on-site inspection on 01/31/2024, the ceiling in bathroom #1 is cracked and separating.

R 400.14410	Bedroom furnishings.
	(1) The bedroom furnishings in each bedroom shall include all of the following:
	(a) An adequate closet or wardrobe.

During the on-site inspection on 01/31/2024, bedroom #1 and bedroom #2 did not have either a closet or wardrobe.

A corrective action plan was requested and approved on 01/31/2024. 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.

01/31/2024

Frodet Dawisha

Date

Licensing Consultant

Grodet Navisha