



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 20, 2024

Ateria 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. 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive, flowing style.

K. Robinson, MSW, 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:	P.O. Box 40658 Redford, MI 48240
Licensee Telephone #:	(313) 516-7947
Licensee/Licensee Designee:	Ateria Young, Designee
Administrator:	Ateria 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): 09/19/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: Compliance Officer

- 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.
Breakfast served prior to my arrival at 9:30AM.
- 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:
09/21/22: 312(4)(b), 315(13), 318(5) 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 400.14301 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.

G.R.'s AFC Assessment Plan is dated 5/27/24 which is approximately 6 months after the date he was placed at the facility rather than at admission in accordance with the Rule.

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 Medication Administration Records that do not contain the signature of the person(s) administering resident medications dating back to at least May 2023.

This is a **REPEAT VIOLATION**. On 9/21/22, Ms. Young submitted an approved Corrective Action Plan to address the rule violation, but to date, the plan has not been successfully implemented based on the current repeat violations. Continued noncompliance will result in modification of the license.

R 400.14315 Handling of resident funds and valuables.

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

The basic fee for service and prior written approval of charges are written on the Resident Care Agreements in reverse, causing the cost of care charges to exceed the agreed upon price for services. Specifically, the basic fee for service is documented as \$45.00 monthly on G.R.'s and L.T.'s most recent care agreements. However, the Funds II transactions deduct \$1,026.50 for G.R. and \$1,100 for L.T.

Corrected onsite.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
(b) Date of admission.

L.T.'s date of admission is written on the Resident ID sheet as 3/14/19, but the Resident Register has her admission dated recorded as 3/15/24. Per Area Supervisor, Abony Austin, the Resident Register has the correct date.

Corrected onsite.

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.

Ms. Young did not assure that an EVENING drill was completed during the 1st quarter of 2023.

This is a **REPEAT VIOLATION**. On 9/21/22, Ms. Young submitted an approved Corrective Action Plan to address the rule violation, but to date, the plan has not been successfully implemented based on the current repeat violations. Continued noncompliance will result in modification of the license.

IV. RECOMMENDATION

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



09/20/24

Kara Robinson
Licensing Consultant

Date