

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

December 19, 2024

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

> RE: License #: AS820384496 Investigation #: 2025A0778006

> > Cypress

Dear Ms. Young:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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,

LaKeitha Stevens, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202 (313) 949-3055

of Stevens

enclosure

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

#### I. IDENTIFYING INFORMATION

| License #:                     | AS820384496              |
|--------------------------------|--------------------------|
| Investigation #:               | 2025A0778006             |
| Investigation #:               | 2023A0776000             |
| Complaint Receipt Date:        | 11/21/2024               |
|                                |                          |
| Investigation Initiation Date: | 11/25/2024               |
| Report Due Date:               | 01/20/2025               |
| Report Due Date.               | 01/20/2023               |
| Licensee Name:                 | Infinity Care LLC        |
|                                |                          |
| Licensee Address:              | P.O. Box 40658           |
|                                | Redford, MI 48240        |
| Licensee Telephone #:          | (313) 516-7947           |
| ·                              |                          |
| Administrator:                 | Ateria Young             |
| Licenses Decignes              | Atorio Vouna             |
| Licensee Designee:             | Ateria Young             |
| Name of Facility:              | Cypress                  |
| _                              |                          |
| Facility Address:              | 35875 Cypress            |
|                                | Romulus, MI 48174        |
| Facility Telephone #:          | (313) 516-7947           |
|                                |                          |
| Original Issuance Date:        | 07/05/2017               |
| License Status:                | REGULAR                  |
| License Status.                | REGULAN                  |
| Effective Date:                | 07/05/2024               |
|                                |                          |
| Expiration Date:               | 07/04/2026               |
| Capacity:                      | 6                        |
| Program Type:                  | PHYSICALLY HANDICAPPED   |
|                                | DEVELOPMENTALLY DISABLED |
|                                | MENTALLY ILL             |

## II. ALLEGATION(S)

Violation Established?

| Staff threw water on resident. | Yes |
|--------------------------------|-----|
|                                |     |

## III. METHODOLOGY

| 11/21/2024 | Special Investigation Intake 2025A0778006   |
|------------|---|
| 11/21/2024 | Referral - Recipient Rights Referral received   |
| 11/21/2024 | APS Referral<br>Referred by ORR   |
| 11/25/2024 | Special Investigation Initiated - On Site Face to face interviews with Resident A, Home Manager Dorothy Collier and Area Manager Abony Austin |
| 12/15/2024 | Contact - Telephone call made Telephone interview with Residents B-D  |
| 12/15/2024 | Contact - Telephone call made<br>Telephone interview with Case Manager, June Coleman from<br>NSO, Guardian A and Guardian B                   |
| 12/19/2024 | Exit Conference Telephone exit with licensee designee Ateria Young  |
| 12/19/2024 | Inspection Completed-BCAL Sub. Compliance   |

#### **ALLEGATION: Staff threw water on resident**

**INVESTIGATION:** On 11/25/2024, I completed an announced onsite inspection. I interviewed Resident A. He indicated staff Jospeh threw water in his face to wake him up. Resident A stated this only happened one time. He stated staff must've been calling his name and he didn't hear him. Resident A stated he didn't initially tell the home manager because he didn't want to get in trouble. I completed interviews with the home manager, Dorothy Collier, and area manager, Abony Austin. They stated they were informed by staff at the day program that Resident A had water thrown on him. Ms. Austin stated she spoke with staff Joseph Izucubunan, and he denied the allegations. However, she stated she interviewed Resident A and the other residents in the home. She stated both Resident A and one additional resident stated water was thrown on them.

On 12/03/2024, I completed telephone interviews with Residents B-D. Resident B stated staff Joseph poured a glass of water on him to wake him up. Resident C and D denied having water poured on them.

On 12/06/2024, I completed a telephone interview with staff Joseph Izucubunan. He denied the allegation. He stated he has never thrown water on residents. Mr. Izucubunan stated he is unsure why anyone would say this.

On 12/15/2024, I completed telephone interviews with Guardian A and Case Manager June Coleman of Neighborhood Services Organization (NSO). Both indicated Resident A is honest and forthcoming even when he is in the wrong. Ms. Coleman further stated Resident A rarely complains, therefore, she believes his statements to be truthful.

On 12/15/2024, I completed a telephone interview with Guardian B. She indicated Resident B informed her staff threw water in his face.

On 12/19/2024, I completed a telephone exit conference with licensee designee Ateria Young. Ms. Young stated she was made aware of the allegations via the school (program). She stated they called her home manager and informed her staff was throwing water on the residents. Ms. Young stated she believed the residents and terminated staff Joseph Izucubunan.

| APPLICABLE RULE |   |
|-----------------|---|
| R 400.14305     | Resident protection.  |
|                 |   |
|                 | (3) A resident shall be treated with dignity and his or her |
|                 | personal needs, including protection and safety, shall be   |

|             | attended to at all times in accordance with the provisions of the act.   |
|-------------|--|
| ANALYSIS:   | There is sufficient evidence to conclude the residents were not treated with dignity and respect.  |
|             | Resident A and B indicated staff Joseph Izucubunan threw water on them to wake them up.  |
|             | Area Manager Abony Austin stated the residents informed her water was thrown on them and they are afraid to tell.  |
|             | Guardian A and Case Manager June Coleman indicated Resident A is truthful and rarely complains. Therefore, it is likely he is being honest with these allegations. |
|             | Guardian B stated Resident B informed her staff threw water in his face.   |
| CONCLUSION: | VIOLATION ESTABLISHED  |

### IV. RECOMMENDATION

Area Manager

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.

| of Stevens) 12/19/2024                   |      |
|--|------|
| LaKeitha Stevens<br>Licensing Consultant | Date |
| Approved By:  12/19/2024                 |      |
| Ardra Hunter                             | Date |