



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 11, 2025

Janet McCarver  
Creative Images Inc  
PO Box 253  
Southfield, MI 48037

RE: License #: AS820069454  
**Fargo Home**  
**19974 Merriman**  
**Livonia, MI 48152**

Dear Ms. McCarver:

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 and special certification 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**

<b>License #:</b>	AS820069454
<b>Licensee Name:</b>	Creative Images Inc
<b>Licensee Address:</b>	28125 7 Mile Rd Livonia, MI 48152
<b>Licensee Telephone #:</b>	(313) 527-1098
<b>Licensee/Licensee Designee:</b>	Janet McCarver
<b>Administrator:</b>	
<b>Name of Facility:</b>	Fargo Home
<b>Facility Address:</b>	19974 Merriman Livonia, MI 48152
<b>Facility Telephone #:</b>	(248) 426-7099
<b>Original Issuance Date:</b>	08/27/1996
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 05

No. of others interviewed 01 Role: Home Manager

- 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.
- 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: 511(2), 301(10), 312(4)(b), 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 400.14312**

#### **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 medication during the following months: 01/24, 05/24, 06/24, 09/24, 12/24, and 03/25. Also, observed a medication error in Nov 2024 where staff initialed Resident A's Seroquel 400mg on 11/31/24 which is a date that doesn't exist.

This is a **REPEAT VIOLATION**; See 2023 Renewal LSR. Mrs. McCarver submitted an approved corrective action plan, but based on the repeat violations, the plan has not been successfully implemented.

#### **R 400.14315**

#### **Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident B has no Resident Funds I form on file.  
**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.

The licensee did not ensure fire drills were completed at least once per quarter during daytime, evening, and sleep hours in 2023. Only October 2023 fire drill was available on the day of inspection.

This is a **REPEAT VIOLATION**; See 2023 Renewal LSR. Mrs. McCarver submitted an approved corrective action plan, but based on the repeat violations, the plan has not been successfully implemented.

**R 400.14408      Bedrooms generally.**

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

Observed Resident A's bedroom door handle is loose, so the door does not close to form a positive latch.

#### **IV. RECOMMENDATION**

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



04/11/25

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K. Robinson  
Licensing Consultant

Date