



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2025

Cajetan Kimfon
Special Care Homes L.L.C
1632 Ashby Street
Westland, MI 48186

RE: License #: AS820402241
Ashby A.F.C
1632 Ashby Street
Westland, MI 48186

Dear Mr. Kimfon:

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.

A six-month provisional license is recommended. **If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled.** Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 #:	AS820402241
Licensee Name:	Special Care Homes L.L.C
Licensee Address:	1632 Ashby Street Westland, MI 48186
Licensee Telephone #:	(313) 960-0934
Licensee/Licensee Designee:	Cajetan Kimfon
Administrator:	Cajetan Kimfon
Name of Facility:	Ashby A.F.C
Facility Address:	1632 Ashby Street Westland, MI 48186
Facility Telephone #:	(734) 589-8891
Original Issuance Date:	04/08/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGE ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 03

No. of residents interviewed and/or observed 06

No. of others interviewed 01 Role: Licensee designee

- 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:
04/18/23: 205(3), 803(5), 301(10), 312(4)(b), 503(1), 403(5), 403(1), and 505(4)
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:

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

Home Manager, Lavina Ross has been working at the facility since 9/1/22 with no fingerprint records on file for Special Care Homes, LLC.

Mr. Kimfon reported he mistakenly used Ms. Ross's fingerprint results from his other company.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 10/10/22. Mr. Kimfon submitted an approved corrective action plan on 10/30/22, but to date, he has not successfully implemented the plan to achieve full compliance.

R 330.1803

Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

E-scores are incomplete. Specifically, Mr. Kimfon failed to include Resident A and C in the Total Resident Scores (page F-2A) which subsequently made the final Calculation of E-score incorrect. Resident A and C are the newest residents admitted to the home.

Mr. Kimfon stated another licensee improperly advised him on how to complete E-scores.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 4/17/23. Mr. Kimfon submitted an approved corrective action plan on 4/18/23, but to date, he has not successfully implemented the plan to achieve full compliance.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

Direct care staff, Angel Stroik was hired to work at the facility on 9/22/23; her at hire physical is dated 11/14/24 which is over one year later.

This is a **3 times REPEATED VIOLATION**; See Renewal LSRs dated 10/10/22, 4/17/23 and Confirming Letter dated 2/17/23. Mr. Kimfon submitted an approved corrective action plans on 10/30/22, 3/1/23, and 4/18/23, but to date, he has not successfully implemented the plans to achieve full compliance.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

DCS, Lavina Ross's TB test results are dated 7/13/20 and 11/8/24; therefore, her most recent TB test was completed over 1 year late.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

DCS Angel Smith has no Annual Health Review statement on file.

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.

Resident A and B's AFC Assessment Plans are incomplete; page 3 does not provide a list of resident medications as required. The reports direct the reader to "see attached", but no medication records are attached to the forms.

This is a **TWICE REPEATED VIOLATION**; See Renewal LSR dated 10/10/22 and Confirming Letter dated 2/17/23. Mr. Kimfon submitted an approved corrective action plans on 10/30/22 and 4/18/23, but to date, he has not successfully implemented the plans to achieve full compliance.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The licensee failed to complete a Resident Care Agreement (RCA) for Resident B in 2023. Mr. Kimfon did not produce Resident B's 2023 RCA upon request. He acknowledged he couldn't find it on the day of inspection.

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 Resident A's October 2024 Medication Administration Record does not include label instructions for her Acyclovir 400mg tablet. In addition, there are no signatures to denote the medication was administered to Resident A on the following dates and times: 8:00AM, 2:00PM, and 8:00PM on 10/4/24, 8:00AM and 8:00PM on 10/7/24, and 2:00PM on 10/9/24. There are no more signatures 10/11/24 through 10/31/24.

This is a **TWICE REPEATED VIOLATION**; See Renewal LSRs dated 10/10/22 and 4/17/23. Mr. Kimfon submitted an approved corrective action plans on 10/30/22 and 3/1/23, but to date, he has not successfully implemented the plans to achieve full compliance.

R 400.14313 Resident nutrition.

(5) Records of menus, including special diets, as served shall be provided upon request by the department.

Observed direct care staff, Sonita Younyi prepare sandwiches and chips for lunch. I asked Resident A what they ate for lunch and the resident reported "ham" sandwiches. The menu has turkey sandwiches listed. In addition, Resident A reported they ate goulash for dinner last night. I observed goulash leftovers in the refrigerator. Goulash was not on the menu for dinner 3/24/25. Therefore, the licensee is not documenting substitute menus.

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's Resident Funds I form was not made available for department review on the day of inspection upon request.

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.

No record of fire drills completed in 2023 or 2025. Mr. Kimfon only provided a record of 2024 fire drills.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 10/10/22. Mr. Kimfon submitted an approved corrective action plans on 10/30/22, but to date, he has not successfully implemented the plan to achieve full compliance.

R 400.14401 Environmental health.

(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.

On the day of inspection, the hot water temperature tested at 140 degrees Fahrenheit.

On 3/31/25, I completed an exit conference with licensee designee, Cajetan Kimfon to discuss the inspection results with special emphasis on the repeat violations. Mr. Kimfon explained some of the violations were due to his misunderstanding that licenses are nontransferable. According to Mr. Kimfon, many of his staff rotate between 3 homes he operates; however, 2 of 3 homes are licensed under a separate company (American Angels, Inc.). Therefore, Mr. Kimfon cannot operate the homes as one entity.

On 10/5/22, I completed a renewal inspection at the facility. Due to the substantial violations that were found, a provisional license was issued. On 10/30/22, Mr. Kimfon submitted an approved corrective action plan to address each rule violation.

On 2/9/23, I completed an interim inspection at the facility to monitor the home for compliance. I forwarded a confirming letter to Mr. Kimfon on 2/17/23 with a request for corrective action plan. On 3/1/23, Mr. Kimfon submitted an approved corrective action plan to address each rule violation.

On 4/14/23, I completed a renewal inspection at the facility. On 4/18/23, Mr. Kimfon submitted an approved corrective action plan to address each rule violation, but to date, the approved plan has not been successfully implemented based on several repeat violations found at the most recent inspection.

To date, Mr. Kimfon has not achieved substantial compliance with the administrative rules and statutes. Continued noncompliance may result in further disciplinary action.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended due to the willful and substantial nature of the violations.



04/03/25

K. Robinson
Licensing Consultant

Date

Approved by:



04/07/25

A. Hunter
Area Manager

Date