



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 13, 2025

Joann Benefield  
Unlimited Home Care, LLC  
21027 Batcheleder Ct.  
Macomb, MI 48044

RE: License #: AS820275065  
**Unlimited Home Care**  
**5824 Crane**  
**Detroit, MI 48213**

Dear Ms. Benefield:

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) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-3003

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820275065

**Licensee Name:** Unlimited Home Care, LLC

**Licensee Address:** 21027 Batcheleder Ct.  
Macomb, MI 48044

**Licensee Telephone #:** (313) 778-5340

**Licensee/Licensee Designee:** Joann Benefield

**Administrator:** Joann Benefield

**Name of Facility:** Unlimited Home Care

**Facility Address:** 5824 Crane  
Detroit, MI 48213

**Facility Telephone #:** (313) 579-0486

**Original Issuance Date:** 08/07/2006

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/12/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 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:  
N/A
- Number of excluded employees followed-up? 1 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 400.629**

#### **Direct care staff; qualifications and training.**

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- (i) Nutrition and special diets.

At the time of inspection, Staff- Jalil Johnson and Staff- Jaylan Hall employee records reviewed did not contain personal care, supervision, and protection, food safety, which includes food storage, preparation, distribution, and serving in a safe manner and nutrition and special diets.

**R 400.639                      Staff records.**

- (1) A licensee shall maintain a record for each staff that contains all of the following:
  - (a) Name, address, telephone number, and Social Security number.
  - (b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.
  - (c) Copy of a driver's license if staff provide transportation services.
  - (d) Verification of age.
  - (e) Verification of experience, highest level of education completed, and training.
  - (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks that were attempted must be maintained.
  - (g) Beginning and ending dates of employment on separation.
  - (h) Health information as required by these rules.
  - (i) Verification of the receipt by the staff of personnel policies and job descriptions.

At the time of inspection, Staff- Jaylan Hall employee records reviewed did not contain verification of two reference checks.

At the time of inspection, Staff- Jaylan Hall employee records reviewed did not contain verification of two reference checks and verification of highest level of education completed by him.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

- (6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:
  - (a) A statement that the facility is licensed to provide foster care to adults.
  - (b) The services to be provided and the fee for those services.

- (c) Any additional costs in addition to the basic fee that is charged.
- (d) A resident's rights policy.
- (e) A discharge policy.
- (f) Transportation services provided for a basic fee and services that are provided at an extra cost.
- (g) A refund policy.
- (h) A resident's funds and valuables policy.
- (i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.
- (j) An agreement by the licensee to respect and safeguard the resident's rights.
- (k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.
- (l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.
- (m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.
- (n) An agreement by the resident to follow written house rules if any.

At the time of inspection, Resident A's record reviewed did not contain a completed resident care agreement for 2025.

**R 400.691**

**Resident records.**

- (1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
  - (a) Personal information including all of the following:
    - (i) Resident's full name.
    - (ii) Social Security number.
    - (iii) Date of birth.
    - (iv) Marital status.
    - (v) Veteran's status.
    - (vi) Gender identity.
    - (vii) Former address.
    - (viii) Name, address, and contact information of identified contact or designated representative.

- (ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.
- (x) Funeral provisions, preferences, and contact information.
- (xi) Resident's religious preference.
- (b) Date of admission.
- (c) Date of discharge and address to where the resident moved.
- (d) Health care information including all of the following:
  - (i) Health care appraisals.
  - (ii) Medication administration record.
  - (iii) Name, address, and contact information of the preferred health care professional and hospital.
  - (iv) Medical insurance.
  - (v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.
  - (vi) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Admission and monthly weight record.
- (h) Incident reports.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances.
- (k) Resident discharge notice.

At the time of inspection, Resident A's record reviewed did not contain funeral provisions and preferences.

**R 400.707**

**Staff training.**

- (1) Staff who work with residents shall have successfully completed training that provides basic concepts required in providing specialized dependent care before working independently. Staff shall show the ability to comprehend and be competent to deliver each resident's individual plan of service as written. Training must include all of the following before working independently:
  - (a) An introduction to community residential services and the role of direct care staff.
  - (b) Understanding and carrying out individual plans of service for residents.

(c) An introduction to the special needs of residents that have developmental disabilities or have been diagnosed as having a mental illness and is specific to the needs of residents to be served by the facility.

(d) Protecting and respecting the rights of residents in accordance with chapter 7 of the mental health code, 1974 PA 258, MCL 330.1700 to 330.1758, including providing resident orientation to written facility policies and procedures.

(e) Non-aversive techniques for prevention and treatment of challenging behavior of residents in accordance with an individual plan of service.

At the time of inspection, Staff- Jalil Johnson and Staff- Jaylan Hall employee records reviewed did not contain specialized dependent care training.

#### IV. RECOMMENDATION

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



11/13/2025

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Shatonla Daniel  
Licensing Consultant

Date