



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 29, 2026

Cajetan Kimfon
COMPASSIONATE CARE LLC BY AMERICAN ANGELS
10380 Pardee Rd
Taylor, MI 48180

RE: License #: AS820419916
Compassionate Care
10380 Pardee Rd
Taylor, MI 48180

Dear Cajetan 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.

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 dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820419916
Licensee Name:	COMPASSIONATE CARE LLC BY AMERICAN ANGELS
Licensee Address:	10380 Pardee Rd Taylor, MI 48180
Licensee Telephone #:	(734) 469-6719
Licensee/Licensee Designee:	Cajetan Kimfon
Administrator:	Cajetan Kimfon
Name of Facility:	Compassionate Care
Facility Address:	10380 Pardee Rd Taylor, MI 48180
Facility Telephone #:	(313) 436-0194
Original Issuance Date:	02/03/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/23/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 4
No. of others interviewed 1 Role: designated representative

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
A full worksheet inspection was completed.
- 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? 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.

(3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility or staffing agency and who has not been the subject of a criminal history check conducted in compliance with this section shall give written consent at the time of application for the department of state police to conduct a criminal history check under this section, along with identification acceptable to the department of state police. If the individual has been the subject of a criminal history check conducted in compliance with this section, the individual shall give written consent at the time of application for the adult foster care facility or staffing agency to obtain the criminal history record information as prescribed in subsection (4) or (5) from the relevant licensing or regulatory department and for the department of state police to conduct a criminal history check under this section if the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a determination of the existence of any national criminal history pertaining to the individual is necessary, along with identification acceptable to the department of state police. Upon receipt of the written consent to obtain the criminal history record information and identification required under this subsection, the adult foster care facility or staffing agency that has made a good-faith offer of employment or an independent contract to the individual shall request the criminal history record information from the relevant licensing or regulatory department and shall make a request regarding that individual to the relevant licensing or regulatory department to conduct a check of all relevant registries in the manner required in subsection (4). If the requirements of subsection (11) are not met and a request to the Federal Bureau of Investigation to make a subsequent determination of the existence of any national criminal history pertaining to the

individual is necessary, the adult foster care facility or staffing agency shall proceed in the manner required in subsection (5). A staffing agency that employs an individual who regularly has direct access to or provides direct services to residents under an independent contract with an adult foster care facility shall submit information regarding the criminal history check conducted by the staffing agency to the adult foster care facility that has made a good-faith offer of independent contract to that applicant.

At the time of inspection, direct care staff Fatima Nkata employee file did not contain verification of a criminal history check at the time of hire. Fatima Nkata was hired 05/04/2026, the criminal history check was dated 07/01/2026.

R 400.631 Health screenings.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

At the time of inspection, direct care staff Fatima Nkata employee file did not contain a statement signed by a licensed physician or physician designee, attesting to her physical health within 30 days of employment start date.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:
(e) Verification of experience, highest level of education completed, and training.

At the time of inspection, direct care staff Amy Cole employee file did not contain verification of education.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of inspection:

- The dryer was not equipped with solid metal ducting.
- The baseboard heating covers were not properly attached in the west resident bedroom and the living room area.

R 400.673

Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of inspection, assistive devices including hoist lift, shower chair and wheelchair were observed in the facility without an authorization in writing by a licensed health care professional.

R 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

At the time of inspection, Resident B's medication was not given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Amlodipine Tab 10mg, take one tablet by mouth once daily was not given on 07/07/2026 at 8:00 a.m.

Donepezil HCL OOT 5mg tablet, dissolve one tablet on by topical route of tongue was not given on 07/07/2026 – 07/10/2026 at 8:00 p.m.

Losartan Potassium 50mg, take one tablet by mouth once daily was not given on 07/07/2026 – 07/08/2026 at 8:00 a.m.

Methimazole 5mg tablet, take one tablet by mouth once daily was not given on 07/07/2026 – 07/08/2026 at 8:00 a.m.

The medication administration records (MARs) contained "OTH." Designated representative, Lavina Ross stated "OTH," means other. She stated the direct care staff enter OTH when the prescription needs to be refilled.

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

- (i) Medication name.
- (ii) Dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) Initials of the individual who administered the medication at the time given.
- (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

At the time of inspection, Resident A's MARs didn't contain initials of the individual who administered the Baclofen 10mg tablet on 07/23/2026 at 2:00 a.m. at the time given.

R 400.675 Resident medications.

(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.

At the time of inspection, Resident A's medication bin contained medication that was no longer required.

Ear wax removal 6.5% drop install 5 drop into right ear twice daily for seven days. Medication was filled and administered on 07/13/2026 and remained in the medication bin at the time of inspection.

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

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection, Resident A's resident file did not contain a written assessment plan at the time of admission.

IV. RECOMMENDATION

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



07/29/2026

Denasha Walker
Licensing Consultant

Date