



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 11, 2021

Hyginus Ezeokobe
4539 Palisades Ct
Ypsilanti, MI 48197

RE: License #: AS820404903
Divine Grace Afc
26921 Kitch St
Inkster, MI 48141

Dear Mr. Ezeokobe:

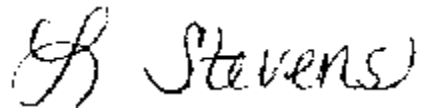
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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 black ink, reading "LaKeitha Stevens". The signature is written in a cursive, flowing style.

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

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

I. IDENTIFYING INFORMATION

License #:	AS820404903
Licensee Name:	Hyginus Ezeokobe
Licensee Address:	26921 Kitch St Inkster, MI 48141
Licensee Telephone #:	(734) 834-8156
Licensee/Licensee Designee:	Hyginus Ezeokobe
Administrator:	
Name of Facility:	Divine Grace Afc
Facility Address:	26921 Kitch St Inkster, MI 48141
Facility Telephone #:	(313) 722-4286
Original Issuance Date:	03/11/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed N/A
No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
There are no residents in the home. The facility has not had a resident admission since the issuance of temporary licensure.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.
N/A due to no residents
- Resident funds and associated documents reviewed for at least one resident?
Yes ☐ No ☒ If no, explain. N/A due to no residents.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
N/A due to no residents.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
N/A due to no residents
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.
N/A due to no residents.
- 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.
N/A
- 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 400.713 **License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.**

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

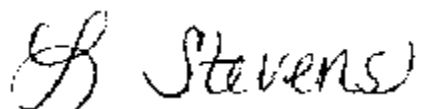
(b) The applicant's compliance with this act and rules promulgated under this act.

There has been no admission of residents to the facility since the issuance of the temporary license. As a result, the care of the residents can not be assessed.

A corrective action plan was requested and approved on 09/10/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received, issuance of a provisional license is recommended.



10/07/21

LaKeitha Stevens
Licensing Consultant

Date

Approved by:



10/11/21

Ardra Hunter
Area Manager

Date