



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 24, 2021

Josephine Uwazurike  
Allied Continuing Care Inc  
Suite 200  
23999 Northwestern Hwy  
Southfield, MI 48075

RE: License #: AS820257946  
**Hubbell Manor**  
**6061 Hubbell**  
**Dearborn Heights, MI 48127**

Dear Ms Uwazurike:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 cursive script that reads "Andrea L. Green".

Andrea Green, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 236-0832



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

**I. IDENTIFYING INFORMATION**

**License #:** AS820257946

**Licensee Name:** Allied Continuing Care Inc

**Licensee Address:** Suite 200  
23999 Northwestern Hwy  
Southfield, MI 48075

**Licensee Telephone #:** (248) 569-1040

**Licensee/Licensee Designee:** Josephine Uwazurike

**Administrator:** Josephine Uwazurike

**Name of Facility:** Hubbell Manor

**Facility Address:** 6061 Hubbell  
Dearborn Heights, MI 48127

**Facility Telephone #:** (248) 569-1040

**Original Issuance Date:** 04/20/2004

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/24/2021

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 0  
No. of others interviewed 0 Role: [REDACTED]

- 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.  
There were no residents at the home during the onsite inspection.
- 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.  
There were no incident reports requiring follow up.
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.14403            Maintenance of premises.**

**(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

1. The window sills in bedroom # 1 need to be cleaned.
2. There is soap scum build up in the bathtub that needs to be cleaned.
3. There is rust build up on the heat vent in the resident bathroom.
4. The tub needs to be re-caulked.

**R 400.14403            Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

1. There is damage on the walls in the resident bedrooms.
2. There is water damage on the walls in the bathroom.

**R 400.14510            Heating equipment generally.**

**(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.**

The dryer vent is broken and needs to be replaced.

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend issuance of a regular license to this AFC adult small group home (capacity -6).

*Andrea L. Green* 6/24/2021

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Andrea Green  
Licensing Consultant

Date