



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 19, 2021

Stella Obi
Kings Care Inc.
23157 Eric Dr
Trenton, MI 48183

RE: License #: AS820287155
MyCare Home
26439 Eureka Rd.
Taylor, MI 48180

Dear Ms. Obi:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820287155

Licensee Name: Kings Care Inc.

Licensee Address: 23157 Eric Drive
Trenton, MI 48183

Licensee Telephone #: (734) 673-8801

Licensee/Licensee Designee: Stella Obi, Designee

Administrator:

Name of Facility: MyCare Home

Facility Address: 26439 Eureka Rd.
Taylor, MI 48180

Facility Telephone #: (734) 673-1381

Original Issuance Date: 04/23/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 2
No. of others interviewed 0 Role: N/A

- 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.
Residents had already eaten
- 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:
09/09/2019 Rule, : 204(3), 803(3), 403(1) 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:

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.**

Resident A had medication in his medication storage container (Seroquel and Carbamide Peroxide eardrops) that was not documented on the medication log, therefore not initialed as administration.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Regina Buchanan
Licensing Consultant

10/19/2021
Date