



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 6, 2023

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

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

Dear Stella 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. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

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
Administrator:	Stella Obi
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): 10/05/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

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:
10/18/2021 Rule 312 (4) 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

Staff, Mikele Mayes, did not have verification of updated TB testing on file. Her TB test expired 08/05/2019.

R 400.14312 **Resident medications.**

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident A's July 2023 medication log sheet was not initialed after 07/28/2023.

Resident A's September 2023 medication log sheet was initialed until 09/31/2023, although there was only 30 days in the month.

R 400.14315 **Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A's Funds Part II form was not completed after 07/03/2023.

R 400.14403 Maintenance of premises.

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

The kitchen smoke detector cover was missing.

The rear bathroom door was equipped with locking against egress hardware.

IV. RECOMMENDATION

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



10/06/2023

Date

Licensing Consultant