



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 3, 2024

Bose Ogbeifun  
Trustcare Group Home Inc  
Suite 604 West  
15565 Northland Drive  
Southfield, MI 48075

RE: License #: AS820278355  
**Redford AFC**  
**20454 Woodworth**  
**Redford, MI 48240**

Dear Mrs. Ogbeifun:

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 blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820278355
<b>Licensee Name:</b>	Trustcare Group Home Inc
<b>Licensee Address:</b>	Suite 604 West 15565 Northland Drive Southfield, MI 48075
<b>Licensee Telephone #:</b>	(313) 213-6723
<b>Licensee/Licensee Designee:</b>	Bose Ogbeifun, Designee
<b>Administrator:</b>	Bose Ogbeifun
<b>Name of Facility:</b>	Redford AFC
<b>Facility Address:</b>	20454 Woodworth Redford, MI 48240
<b>Facility Telephone #:</b>	(313) 535-6027
<b>Original Issuance Date:</b>	11/28/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/30/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 01

No. of others interviewed 01 Role: Patient Care Coordinator

- 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.  
Resident ate take out with his guardian.
- 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:  
06/22: 310(3), 803(6), 205(3), 205(6) and 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 400.14208            Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

Direct care worker, Ayomide Oladipo was hired to work at the facility on 4/25/24; he has no reference checks on file.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident A's most recent Health Care Appraisal dated 11/8/23 was not written on the required department form. The exam results were provided using Beaumont Hospital's After Visit Summary.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

Resident A and B did not have AFC Assessment Plans completed in 2023. In addition, the person completing the 2024 assessments did not list their current medications; therefore, Resident A and B's current plans are incomplete.

**R 400.14310 Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Observed Resident B's weight records are inaccurate. For example, on 6/5/22, Resident B's weight is recorded as 170 pounds, then 1 week later on 6/12/22 his weight is recorded as 254.2 pounds. There are notable discrepancies with Resident B's weight records.

This is a **REPEAT VIOLATION**; See Renewal LSRs dated 2020 and 2022. Mrs. Ogbeifun submitted approved plans of correction; however, to date, the plans have not been successfully implemented based on the twice repeated violations. Continued noncompliance may result in modification of the license.

**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.

Observed Resident B's Resident Funds II forms give an inaccurate accounting of resident funds transactions. Specially, the Manager added the resident's \$44 allowance transactions to his balance every month instead of withdrawing the funds from the resident's account. Each time the Manager added \$44 to Resident B's account, it increased his balance owed by the licensee. Patient Care Coordinator, Qiana Brown explained Resident B has no cash on hand because he is given the full allowance allotted at the beginning of every month. Per Ms. Brown, the allowance transactions were written incorrectly. Resident B was not available to verify receipt of his allowance.

**R 400.14401 Environmental health.**

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

Observed 2 of 2 bathrooms and the kitchen area had no paper towel for use with handwashing.

This is a **REPEAT VIOLATION**; See 2020 Renewal LSR. Mrs. Ogbeifun submitted an approved plan of correction; however, to date, the plan has not been successfully implemented based on the current violation.

**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.

Observed the following deficiencies throughout the home:

- Torn blinds in resident bedrooms and staff office.
- No outlet cover in the 2<sup>nd</sup> floor bathroom.
- Dressers with missing handles/knobs.
- Broken dresser in upstairs bedroom.
- Dresser on the first floor is missing 2 of 6 drawers.
- Bedroom door on the 1<sup>st</sup> floor is damaged from hitting the dresser when opened.

This is a **REPEAT VIOLATION**; See Renewal LSRs dated 2020 and 2022. Mrs. Ogbeifun submitted approved plans of correction; however, to date, the plans have not been successfully implemented based on the twice repeated violations. Continued noncompliance may result in modification of the license.

**R 400.14407            Bathrooms.**

(3) Bathrooms shall have doors. Only positive-latching, non-locking against egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

Observed locking against egress hardware on the first floor bathroom door. Ms. Brown indicated the bathroom had been remodeled since the last renewal inspection.

**R 400.14410            Bedroom furnishings.**

(1) The bedroom furnishings in each bedroom shall include all of the following:  
(d) At least 1 chair.

Observed a lawn chair for use in Resident C's bedroom.  
Lawn furniture is not approved inside the home as furnishings.

**R 400.14505**      **Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.**

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

Observed 2 smoke detectors chirping throughout the entire inspection.  
Ms. Brown indicated she didn't have any batteries available at the time to change the old ones.

#### IV. RECOMMENDATION

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



06/03/24

Date

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Licensing Consultant