



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 24, 2024

Abigail Enaibre
U & I HOME CARE LLC
20245 Churchill Ave
Brownstown Twp, MI 48183

RE: License #: AS820413668
U & I HOME CARE LLC
20245 Churchill Ave
Brownstown Twp, MI 48183

Dear Abigail Enaibre:

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, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 300-9922

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

I. IDENTIFYING INFORMATION

License #:	AS820413668
Licensee Name:	U & I HOME CARE LLC
Licensee Address:	20245 Churchill Ave Brownstown Twp, MI 48183
Licensee Telephone #:	(734) 212-6929
Licensee/Licensee Designee:	Abigail Enaibre
Administrator:	Abigail Enaibre
Name of Facility:	U & I HOME CARE LLC
Facility Address:	20245 Churchill Ave Brownstown Twp, MI 48183
Facility Telephone #:	(734) 212-6929
Original Issuance Date:	07/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
A full worksheet inspection was completed.
- 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.
No residents admitted into the home at the time of renewal.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.
Resident A was admitted for nine days, a fire drill was not completed.
- 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:
CAP Dated 05/06/2024 R400.14301 (10) R 400.14301 (4), R400.14315 (3),
R400.14208 (1), R400.14205 (3), R400.14507 (5), R400.14403 (8) 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.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



07/24/2024

Denasha Walker
Licensing Consultant

Date