



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2025

Hyginus Ezeokobe
M & J Home Care Services LLC
4539 Palisade Court
Ypsilanti, MI 48197

RE: License #: AS820384227
M & J Home Services
28910 Birchwood Street
Inkster, MI 48141

Dear Mr. Ezeokobe:

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 and special certification 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 "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

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

I. IDENTIFYING INFORMATION

License #: AS820384227

Licensee Name: M & J Home Care Services LLC

Licensee Address: 28910 Birchwood
Inkster, MI 48141

Licensee Telephone #: (734) 834-8156

Licensee/Licensee Designee: Hyginus Ezeokobe

Administrator: Hyginus Ezeokobe

Name of Facility: M & J Home Services

Facility Address: 28910 Birchwood Street
Inkster, MI 48141

Facility Telephone #: (734) 895-6096

Original Issuance Date: 07/12/2017

Capacity: 4

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL

Certified Programs: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/14/2025 and 01/30/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Environmental/Health 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.
Inspection done with Licensee Designee
- 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.
Inspection was not conducted during meal times.
- 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:
734(2b), 203(1), 204(3 a,d) 205(3), 208 (1e,f,i), 301 (4,6), 310(3), 312(4b),
313(5), 315(3), 318(5), 403(1), 403(2) 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 license and special certification to this AFC adult small group home (capacity 4).



01/30/2025

Shatonla Daniel
Licensing Consultant

Date