



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 22, 2024

Osaretin Uwaifo  
Superior D Care INC  
8010 N Middlebelt RD  
Westland, MI 48185

RE: License #: AS500417944  
**Leason**  
**3561 Leason Rd**  
**Sterling Heights, MI 48310**

Dear Ms. Uwaifo:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(586) 676-2877

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500417944
<b>Licensee Name:</b>	Superior D Care INC
<b>Licensee Address:</b>	8010 N Middlebelt RD Westland, MI 48185
<b>Licensee Telephone #:</b>	(313) 478-1374
<b>Licensee/Licensee Designee:</b>	Osaretin Uwaifo
<b>Administrator:</b>	Osaretin Uwaifo
<b>Name of Facility:</b>	Leason
<b>Facility Address:</b>	3561 Leason Rd Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 883-6821
<b>Original Issuance Date:</b>	06/07/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/22/2024

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 N/A Role: N/A

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
I observed medications.
- 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.  
I observed adequate food supply.
- 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.  
There were no incident reports made.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
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 400.14301**      **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.**

I observed that Resident A's *Health Care Appraisal* was on a substitute for that has not been authorized for use.

**R 400.14316**      **Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(d) Health care information, including all of the following:**  
        **(v) Instructions for emergency care and advanced medical directives.**

Resident A does not have instructions for emergency care or advanced directives.

**R 400.14318**      **Emergency preparedness; evacuation plan; emergency transportation.**

**(3) A telephone shall be available and accessible in a home. Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posted immediately adjacent to telephones.**

I observed that there was no emergency telephone numbers posted adjacent to the telephone in the home.

**R 400.14506            Fire extinguishers; location, examination, and maintenance.**

**(1) A minimum of 1 underwriters laboratory approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.**

I observed that there was no fire extinguisher on the occupied floor of the home.

#### **IV. RECOMMENDATION**

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



11/22/2024

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LaShonda Reed  
Licensing Consultant

Date