



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 22, 2025

Grace Mbochi  
5164 West Doherty Dr  
West Bloomfield, MI 48323

RE: License #: AS630417963  
Investigation #: 2025A0602011  
Subira Homes AFC

Dear Ms. Mbochi:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry". The signature is fluid and elegant, with the first and last names clearly distinguishable.

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

|                                       |   |
|---------------------------------------|---|
| <b>License #:</b>                     | AS630417963   |
| <b>Investigation #:</b>               | 2025A0602011  |
| <b>Complaint Receipt Date:</b>        | 03/20/2025  |
| <b>Investigation Initiation Date:</b> | 03/21/2025  |
| <b>Report Due Date:</b>               | 05/19/2025  |
| <b>Licensee Name:</b>                 | Grace Mbochi  |
| <b>Licensee Address:</b>              | 5164 Doherty Drive<br>West Bloomfield Town, MI 48232  |
| <b>Licensee Telephone #:</b>          | (817) 908-3349  |
| <b>Administrator:</b>                 | Grace Mbochi  |
| <b>Licensee Designee:</b>             | Grace Mbochi  |
| <b>Name of Facility:</b>              | Subira Homes AFC  |
| <b>Facility Address:</b>              | 5164 Docherty Dr.<br>West Broomfield Twp, MI 48323  |
| <b>Facility Telephone #:</b>          | (248) 296-0444  |
| <b>Original Issuance Date:</b>        | 05/22/2024  |
| <b>License Status:</b>                | REGULAR   |
| <b>Effective Date:</b>                | 11/22/2024  |
| <b>Expiration Date:</b>               | 11/21/2026  |
| <b>Capacity:</b>                      | 6   |
| <b>Program Type:</b>                  | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL; AGED<br>TRAUMATICALLY BRAIN INJURED<br>ALZHEIMERS |

## II. ALLEGATION(S)

|   | Violation<br>Established? |
|---|---------------------------|
| Resident A was placed in the home 3/8/2025 and on 3/12/25, he was hospitalized due to the home not properly using his feeding tube. | No                        |
| Additional Findings   | Yes                       |

## III. METHODOLOGY

|            |  |
|------------|--|
| 03/20/2025 | Special Investigation Intake<br>2025A0602011   |
| 03/21/2025 | Special Investigation Initiated - Telephone<br>Call made to the complainant.             |
| 03/26/2025 | Inspection Completed On-site<br>I interviewed licensee designee and observed Resident A. |
| 04/10/2025 | APS Referral<br>Adult Protective Services (APS) referral received.                       |
| 04/22/2025 | Contact - Telephone call received<br>Spoke with assigned APS worker, Jordan Walker.      |
| 04/22/2025 | Contact – Telephone call made<br>Message left for Resident A's guardian.                 |
| 05/15/2025 | Exit Conference<br>Held with the licensee designee by telephone.                         |

### ALLEGATION:

**Resident A was placed in the home 3/8/2025 and on 3/12/25, he was hospitalized due to the home not properly using his feeding tube.**

## **INVESTIGATION:**

On 3/20/2025, a complaint was received and assigned for investigation alleging that Resident A was placed in the home on 3/8/2025 and on 3/12/25, he was hospitalized due to the home not properly using his feeding tube.

On 3/26/2025, I conducted an unannounced on-site investigation at which time I interviewed the licensee designee Grace Mbochi and observed Resident A. Ms. Mbochi stated she received a call from Resident A's legal guardian, Lachelle Bussell, asking her if she had availability to accept another resident. She explained that Resident A was residing with his son but was being removed as she was recently appointed as his legal guardian. Ms. Mbochi stated Ms. Bussell is the conservator for one of her other residents so she agreed to accept Resident A but only after he had been evaluated by a physician. On 3/08/2025, Resident A was brought to the facility by his son. His son stated he was seen by Dr. Kwok on 3/07/2025. However, he did not have any documentation to support this. Ms. Mbochi contacted Dr. Kwok and was informed that he could not complete a full assessment as 3/07/2025 was the first time he had seen Resident A in over three years. He did provide progress notes regarding Resident A's visit with him on 3/07/2025.

According to Ms. Mbochi, Resident A receives tube feeding but the son was unable to say how much he receives daily. Resident A was observed to have wounds on his buttocks with no explanation from the son. On 3/12/2025, Resident A was transported to the hospital due to severe diarrhea and complaints of pain in his abdomen. He remained in the hospital for one week before returning to the facility. While hospitalized, Resident A's son attempted to remove him from the hospital against Ms. Bussell's permission. Ms. Mbochi was informed that Resident A's son is a doctor but no longer practices due to mental illness. Ms. Mbochi stated she did not neglect Resident A as he was brought to the facility in poor medical condition. He was assessed while in the hospital and is now receiving the correct amount of tube feeding and medical care.

On 3/26/2025, during the unannounced on-site investigation, I observed Resident A asleep in bed. I attempted to interview him, but he only removed the cover from his face and would not answer any questions.

On 3/26/2025, I received and reviewed copies of Resident A's hospital discharge paperwork with an admit date of 3/12/2025 and a discharge date of 3/21/2025. I also received and reviewed Resident A's health care appraisal and progress notes from his visit with Dr. Kwok on 3/07/2025. I requested to review Resident A's assessment plan and Ms. Mbochi stated she did not have one. According to the hospital's discharge paperwork, Resident A was admitted to Henry Ford West Bloomfield Hospital for abdominal pain. While there, he was diagnosed with advanced dementia/depression, severe protein-calorie malnutrition, rash of chest and extremities, and nonspecific skin eruption (sacrum stage 2).

Resident A was discharged with the following medications to be administered through the feeding tube:

- Famotidine 20 mg 2x's daily
- Multivitamin liquid 5 mls daily
- Quetiapine 25 mg 12.5 mg nightly (PRN)
- Senna-docusate 8.6-50 mg daily as needed
- Vitamin D3 50 mcg once daily prior to meal
- Mirtazapine 7.5 mg nightly
- Sertraline 50 mg every morning
- Triamcinolone ointment apply to right buttock daily
- Sarna lotion apply to the rest of the body
- Nutritional supplement - Jevity 1.5 bolus feed, 4.0 cartons daily or 237 ml formula four times per day with 75 ml water flush before and after each feed.

Upon discharge, Resident A was referred to Optimal Home Care, as well as Henry Ford Home Infusion for Jevity home delivery.

Resident A's health care appraisal dated 3/21/2025, was completed by an attending physician while he was hospitalized at Henry Ford West Bloomfield Hospital. It documents that Resident A is elderly, uses a wheelchair, suffers from dementia and is confused. He is 5'7" tall and weighs 115 lbs.

According to Resident A's progress notes written (and dated 3/07/2025) by Dr. Kwok, Resident A's presenting problem as reported by his son was agitation and possible urinary tract infection and that his father was being placed in a care facility. Resident A reported to Dr. Kwok that he no longer wanted to live. Resident A was assessed as having weight loss, dementia, significant depression, and a loss of will to live. I did not observe anything documented in the progress notes regarding ulcers on Resident A's buttocks. The notes indicated that Resident A's weight loss was being addressed with tube feedings but there was no prescribed amount listed.

On 4/22/2025 I spoke with the assigned APS worker, Jordan Walker. Mr. Walker stated he will not be substantiating any abuse or neglect, and his case will be closed soon.

| APPLICABLE RULE    |  |
|--------------------|--|
| <b>R 400.14305</b> | <b>Resident protection.</b>  |
|                    | (3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act. |

|                    |  |
|--------------------|--|
| <b>ANALYSIS:</b>   | Based on the information obtained during the investigation, I determined there is insufficient information to determine that Ms. Mbochi failed to use Resident A's feeding tube incorrectly. According to Ms. Mbochi, Resident A was admitted to the facility with tube feeding and ulcers on his buttock. There was nothing documented in the progress notes written by Dr. Kwok that Resident A had ulcers on his buttocks and there was no medication prescribed. |
| <b>CONCLUSION:</b> | <b>VIOLATION NOT ESTABLISHED</b>   |

## **ADDITIONAL FINDINGS**

### **INVESTIGATION:**

On 3/26/2025, during the unannounced on-site investigation, I requested to review a copy of Resident A's assessment plan. Ms. Mbochi stated she did not have a completed form on file for him as he was admitted on an emergency basis. I informed Ms. Mbochi that if a resident is admitted on an emergency basis, the assessment form must be completed within 15 calendar days of the admission.

On 5/15/2025, I conducted an exit conference with the licensee designee, Grace Mbochi by telephone. I informed Ms. Mbochi of the investigative findings and recommendation documented in this report. Ms. Mbochi stated she accepted Resident A on an emergency basis as he was being removed from his son's care by the court system. She admitted that she did not have an assessment plan or health care appraisal completed prior to his admission. On 3/12/2025, she had him transported to Henry Ford Hospital West Bloomfield to be evaluated as he had diarrhea and was complaining of abdominal pain. Resident A was discharged back home on 3/21/2025 with home care services through Optimal Home Care and home delivery of Jevity from Henry Ford Home Infusion. Ms. Mbochi stated that on 4/04/2025, Resident A was transported back to Henry Ford Hospital due to complaints of chest and abdominal pain and a low oxygen level. He was again admitted to the hospital and diagnosed with pneumonia. On 4/12/2025 Ms. Mbochi stated she was notified that Resident A passed away.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.14301</b>     | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>  |
|                        | (5) If a resident is referred for emergency admission and the licensee agrees to accept the resident, a written assessment plan shall be completed within 15 calendar days after the emergency admission. The written assessment shall be |

|                    |   |
|--------------------|---|
|                    | completed in accordance with the provisions specified in subrules (2) and (4) of this rule.   |
| <b>ANALYSIS:</b>   | <p>Based on the information obtained during the investigation, there is sufficient information to determine that an assessment plan was not completed for Resident A.</p> <p>On 3/26/2025, I did not observe an assessment plan in Resident A's resident file. Although Ms. Mbochi stated Resident A was admitted on an emergency basis, an assessment plan was not completed within 15 calendar days of admission.</p> |
| <b>CONCLUSION:</b> | <b>VIOLATION ESTABLISHED</b>  |

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the status of the license.

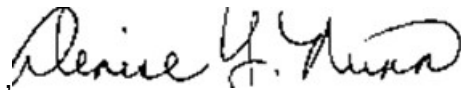


5/21/2025

Cindy Berry  
Licensing Consultant

Date

Approved By:



05/22/2025

Denise Y. Nunn  
Area Manager

Date