



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 27, 2025

Odinaka Duru
Obioma Care Home Health Agency
Suite 7
26847 Grand River Ave.
Redford, MI 48240

RE: Application #: AS630419566
Believe
6372 Tutbury Ln
TROY, MI 48098

Dear Mr. Duru:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 320-3721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419566
Licensee Name:	Obioma Care Home Health Agency
Licensee Address:	Suite 7 26847 Grand River Ave. Redford, MI 48240
Licensee Telephone #:	(248) 665-3966
Administrator/Licensee Designee:	Odinaka Duru
Name of Facility:	Believe
Facility Address:	6372 Tutbury Ln TROY, MI 48098
Facility Telephone #:	(248) 665-3966
Application Date:	05/19/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

05/19/2025	On-Line Enrollment
05/20/2025	PSOR on Address Completed
05/20/2025	Contact - Document Sent Forms sent.
06/05/2025	Contact - Document Received 1326/RI030
06/05/2025	Comment FP sent to Ashley.
06/06/2025	Comment FP back from Ashley.
06/06/2025	File Transferred To Field Office
06/06/2025	Application Incomplete Letter Sent
07/30/2025	Contact - Document Received
08/18/2025	Contact - Document Received
08/20/2025	Contact - Document Received
08/21/2025	Contact - Document Received
09/17/2025	Contact - Document Received
09/24/2025	Application Complete/On-site Needed
10/10/2025	Inspection Completed On-site
10/10/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 05/19/2025, the department received a license application from Obioma Care Home Health Agency, a domestic, nonprofit corporation for operation of an adult foster care group home at the above referenced address in Troy, Michigan. Obioma Care Home Health Agency is seeking to operate a program of care and services for up to **six (6)** adults of either gender, who are physically handicapped, aged, traumatically brain injured, and with Alzheimer's.

A. Physical Description of Facility

Believe is a ranch style home with no basement. The home is in the city of Troy. Upon entry to the home, is the living room, leading to a spacious kitchen. In the kitchen, there are several locked cabinets, which is where medications will be kept. To the right of the kitchen is a large dining room with desks set up for residents to play games, work on puzzles, or work on crafts. Down the hall from the dining room is one bedroom and one full bathroom. To the left of the entry, there is a hall with a bathroom and three bedrooms. The living room and dining room are both furnished appropriately with seating room for six. The laundry room is located on the first floor, off the kitchen, The home is wheelchair accessible and has two approved means of egress, the home has no porch, so a ramp is not necessary, both exit to flat, cement, walkways.

Believe receives water and sewer services through the City of Troy.

The gas furnace is in the attic of the home and is equipped with a 1-3/4-inch solid core door. A copy of the furnace inspection was submitted and there were no documented concerns with the unit. The gas hot water heater is in the laundry room of the home. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Emergency response services for Believe are available through the City of Troy. Medical services are available through local hospitals that include Beaumont Hospital Troy and Ascension Crittenton Hospital.

Resident Bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'1" x 11'1"	109.9	1
2	13'11" x 9'11"	138.01	2
3	9'10 x 11'10"	116.36	1
4	13'03" x 17'	225.25	2

Total capacity: 6

The living room is 254.03 square feet and the dining room/puzzle/game/craft area is 262 square feet, for a combined square footage of **516** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six **(6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) adults whose diagnosis is developmental disability, physical handicapped, has a traumatic brain injury, or has Alzheimer's. In addition to basic room and board, Believe will provide 24-hour supervision, administration of medications, and assistance with personal care that is consistent with each individual resident's written assessment plan. The applicant intends to accept residents through Oakland County Health Network (OCHN) and will be seeking a special certification for developmental disabilities.

The facility will make provision for a variety of leisure and recreational equipment. The residents will have access to a large backyard, a patio, and there is a puzzle/game/craft area that is stocked with puzzles and games.

C. Applicant and Administrator Qualifications

The applicant is Obioma Care Home Health Agency, a domestic nonprofit organization that was established in Michigan on 05/16/2017. Obioma Care Home Health Agency is in good standing. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Obioma Care Home Health Agency have submitted documentation appointing Odinaka Duru as Licensee Designee and Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Duru. Mr. Duru submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Duru provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Duru earned an associate's degree in social work in 2002 and a bachelor's degree in business management in 2008. Mr. Duru worked as a direct care staff member from 2001-2006, an activity director, working with individuals with developmental disabilities from 2006-2017, and has worked as an adult foster care home manager from 2004-2025. Mr. Duru has completed the following training courses, Licensing Updates for Adult Foster Care, Nutrition, Food Safety, and Assisting People with Eating/Swallowing Difficulties, Bloodborne Pathogens and Infection Prevention for Direct Service Providers, Medication Education, Environmental Emergencies, MI 2025 Adult Foster Care Training Package-Group C (finance and management) and has a current CPR and First Aid certificate. Mr. Duru completed an apprenticeship for the occupation Direct Support Specialist, under the sponsorship of Macomb Oakland Regional Center, in accordance with the basic standards of apprenticeship established by the Secretary of Labor in 2008.

Mr. Duru acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to- resident ratio.

Mr. Duru acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the documents required to be maintained in each employee's record to demonstrate compliance.

Mr. Duru acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in locked cabinets and that daily medication logs will be maintained on each resident receiving medication.

Mr. Duru acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mr. Duru acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents.

Mr. Duru acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Mr. Duru acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Duru acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Duru acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Duru acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Mr. Duru acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Duru indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Duru acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Mr. Duru has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Duru acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Mr. Duru acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Mr. Duru was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to Believe, a small group home with a capacity of **six (6)**.

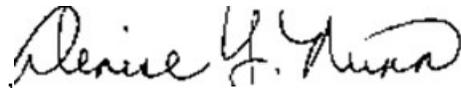


10/20/2025

Sara Shaughnessy
Licensing Consultant

Date

Approved By:



10/27/2025

Denise Y. Nunn
Area Manager

Date