



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2026

Bose Ogbeifun
Trustcare Group Home Inc
16250 Northland Drive, Suite 330
Southfield, MI 48075

RE: License #: AS820291080
Wyandotte AFC Home
2848 15th Street
Wyandotte, MI 48192

Dear Bose Ogbeifun:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

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) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 949-3029

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

I. IDENTIFYING INFORMATION

License #: AS820291080

Licensee Name: Trustcare Group Home Inc

Licensee Address: Suite 330
16250 Northland Drive
Southfield, MI 48075

Licensee Telephone #: (313) 213-6723

Licensee/Licensee Designee: Bose Ogbeifun

Administrator: Bose Ogbeifun

Name of Facility: Wyandotte AFC Home

Facility Address: 2848 15th Street
Wyandotte, MI 48192

Facility Telephone #: (734) 282-1774

Original Issuance Date: 09/17/2007

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/23/2026

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 3

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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.
The residents had eaten.
- 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:
03/13/2024 Rules: 403(11), 505(3), 507(5), 511(2), 511(3) 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 400.725 Means of egress.

(3) Doors that form a part of a required means of egress must be equipped with positive latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

The front door was equipped with locking against egress hardware.

REPEAT VIOLATION {RENEWAL INSPECTION 03/06/2024}

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

- (i) Medication name.**
- (ii) Dosage.**
- (iii) Label instructions for use.**
- (iv) Time to be administered.**
- (v) Initials of the individual who administered the medication at the time given.**
- (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.**

Resident A had several blank spaces on his medication log sheets during the months October 2025-November 2025 due to staff not initialing to verify administration and there was no documentation explaining the blank spaces.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Regina Buchanan
Licensing Consultant

02/24/2026
Date