



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 19, 2026

Kesiena Toweh
Favored Group Home Inc
18346 15 1/2 Mile Rd
Marshall, MI 49068

RE: License #: AS820295479
Star Care Adult Foster Care Home
16850 Inkster Rd.
Redford, MI 48240

Dear Kesiena Toweh:

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. Your license 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) 456-0439.

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 #: AS820295479

Licensee Name: Favored Group Home Inc

Licensee Address: 18346 15 1/2 Mile Rd
Marshall, MI 49068

Licensee Telephone #: (269) 425-6319

Licensee/Licensee Designee: Kesiena Toweh

Administrator: Kesiena Toweh

Name of Facility: Star Care Adult Foster Care Home

Facility Address: 16850 Inkster Rd.
Redford, MI 48240

Facility Telephone #: (248) 250-4514

Original Issuance Date: 04/30/2009

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2026

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 2

No. of residents interviewed and/or observed 5

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 already 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:
03/12/2024/Rule: 407(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 400.631 Health screenings.

(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.

Staff, Folashade Coates, did not have an annual health review on file for the year 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's Glipzide was not initialed as administered on 07/08/2025 and 07/09/2025 and there was no documentation to explain the blank spaces.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all

applicable parties were contacted and agreed that no changes were necessary.

Resident A did not have a resident care agreement on file for the year 2025 and her 2026 resident care agreement was not signed by all parties.

R 400.691

Resident records.

**(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:
(g) Admission and monthly weight record.**

During the year 2025 there were no weights recorded for Resident A for the months March-April and July-December.

IV. RECOMMENDATION

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



Regina Buchanan
Licensing Consultant

02/19/2026
Date