



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 9, 2026

Osaretin Uwaifo
Amen's Care, Inc.
9014 Rockland
Redford, MI 48239

RE: License #: AS820296748
Ireti
8335 Roselawn
Detroit, MI 48204

Dear Mrs. 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 or home for the aged authorized representative and 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 (313) 456-0439.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, MSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #:	AS820296748
Licensee Name:	Amen's Care, Inc.
Licensee Address:	9014 Rockland Redford, MI 48239
Licensee Telephone #:	(313) 935-0345
Licensee/Licensee Designee:	Osaretin Uwaifo
Administrator:	Osaretin Uwaifo
Name of Facility:	Ireti
Facility Address:	8335 Roselawn Detroit, MI 48204
Facility Telephone #:	(313) 935-0345
Original Issuance Date:	05/26/2009
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/29/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 06

No. of residents interviewed and/or observed 02

No. of others interviewed 01 Role: Licensee designee

- 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.
Residents left to go on outing for lunch.
- 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:
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 400.639

Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

DCS, Bridgett Esumobi has no verification of reference checks completed. Specifically, the reference check form was never signed to verify each reference was contacted.

R 400.647

Safety and maintenance of premises.

(12) Stairway risers and treads must be a uniform and consistent size. Stairways that form a part of a required means of egress must change direction at landings only. Spiral staircases and staircases that incorporate wedge-shaped steps are not allowed as a part of a required means of egress. This subrule does not apply to family or congregate facilities licensed on or before promulgation of these rules that have been continuously licensed.

The stairs leading to the upstairs bedrooms change direction without the provision of a landing.

R 400.685

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

(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

Resident A's health care appraisal was not completed within the required timeframes. Specifically, Resident A was placed in the home on 1/20/25; his placement physical is dated 3/28/24 which is more than 90 days before admission.

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

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

The licensee did not sign Resident A's AFC Assessment Plans dated 1/20/25 and 1/12/26. In addition, Resident A's 1/20/25 plan is incomplete; page 3 lacks a list of medication (no MAR attached separately).

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

(8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

The licensee did not sign Resident A's Resident Care Agreement dated 1/20/25.

R 400.701 Required personnel policies.

(3) The licensee shall have a written job description for each position. The job description must define the tasks, duties, and responsibilities of the position. Each staff and volunteer shall receive a copy of their applicable job description. Verification of receipt of a job description must be maintained in the individual's personnel record.

DCS, Bridgett Esumobi's employee record lacks verification of receipt of a job description. I found a signed job description in her record for Home Manager, but it is incorrect since Bridgett is hired as direct care staff.

IV. RECOMMENDATION

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



02/09/26

Kara Robinson
Licensing Consultant

Date