



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 2, 2026

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

RE: License #: AS820278355
Redford AFC
20454 Woodworth
Redford, MI 48240

Dear Mrs. Ogbeifun:

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 a 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) 456-0380.

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 Place, 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 #: AS820278355

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: Redford AFC

Facility Address: 20454 Woodworth
Redford, MI 48240

Facility Telephone #: (313) 535-6027

Original Issuance Date: 11/28/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/27/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 00

No. of others interviewed 01 Role: Patient Care Coordinator

- Medication pass / simulated pass observed? Yes No If no, explain.
All residents were gone to day program.
- 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.
- 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:
06/11/24: 208(1)(f), 301(10), 301(4), 315(3), 310(3), 403(1), 505(4), 407(3),
410(1)(d), and 401(8) 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.

(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.

Licensee failed to obtain health screenings for direct care staff (DCS), Henry Ambe and Olatunmibi Olayigobade within 30 days of the hire date. Mr. Ambe was hired to work at the facility on 1/6/25; his at-hire physical is dated 10/16/24. Ms. Olayigobade was hired to work at the facility on 3/6/25; her at-hire physical is dated 10/9/24.

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.

Licensee failed to annually review the health statuses of DCS Henry Ambe in or around January 2026 and DCS Olatunmibi Olayigobade in or around March 2026.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

- Observed ice and frost on packaged food in the freezer; freezer must be defrosted.
- Observed water splashing from the kitchen faucet because there was no filter on the nozzle.

R 400.647 Safety and maintenance of premises.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

Observed missing floor tiles in 1 of 2 upstairs bedrooms.

R 400.647 Safety and maintenance of premises.

(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.

Observed loose railing that has detached from the wall going upstairs.

IV. RECOMMENDATION

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



06/02/26

Kara Robinson
Licensing Consultant

Date