



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 17, 2020

Chioma Izuegbunam  
Ulticare, Inc.  
38972 Nottingham Dr  
Romulus, MI 48174

RE: License #: AS820344261  
**Nottingham Residence**  
**38972 Nottingham Dr**  
**Romulus, MI 48174**

Dear Ms. Izuegbunam:

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.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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) 456-0380.

Sincerely,

A handwritten signature in black ink, appearing to read 'Denasha Walker'.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820344261
<b>Licensee Name:</b>	Ulticare, Inc.
<b>Licensee Address:</b>	38972 Nottingham Dr Romulus, MI 48174
<b>Licensee Telephone #:</b>	(313) 516-2556
<b>Licensee/Licensee Designee:</b>	Chioma Izuegbunam
<b>Administrator:</b>	Chioma Izuegbunam
<b>Name of Facility:</b>	Nottingham Residence
<b>Facility Address:</b>	38972 Nottingham Dr Romulus, MI 48174
<b>Facility Telephone #:</b>	(734) 419-7911
<b>Original Issuance Date:</b>	04/23/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2020

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 3  
No. of others interviewed 1 Role: Licensee Designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
A full worksheet inspection was completed.
- 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.  
At the time of inspection, a meal was not being prepared.
- 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:  
CAP dated 10/17/2018 R 400.14301 (10), R 400.14403 (6) 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 400.14403            Maintenance of premises.**

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

At the time of inspection, the kitchen ceiling was not in good repair due to water damage.

**R 400.14507            Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

At the time of inspection, the patio door that forms a part of the required means of egress was not equipped with non-locking-against-egress hardware.

Technical assistance was provided to Chioma Izuegbunam, licensee designee pertaining to special certification training. The special certification training Ms. Izuegbunam direct care staff received is not recognized and approved by this department. I provided Ms. Izuegbunam with information pertaining to special certification training/providers, recognized and approved by this department; in which she has agreed to participate.

A corrective action plan was requested and approved on 09/17/2020. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

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



9/17/2020

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Denasha Walker  
Licensing Consultant

Date