



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 14, 2022

Bose Ogbeifun  
Trustcare Group Home Inc  
Suite 604 West  
15565 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. 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:

- An on-site inspection will be conducted.

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".

K. Robinson, LMSW, 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 #:** AS820278355

**Licensee Name:** Trustcare Group Home Inc

**Licensee Address:** Suite 604 West  
15565 Northland Drive  
Southfield, MI 48075

**Licensee Telephone #:** (248) 569-1102

**Licensee/Licensee Designee:** Bose Ogbeifun, Designee

**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): 06/08/2022

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 02  
No. of residents interviewed and/or observed 04  
No. of others interviewed 01 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, face-to-face contact was limited to reduce risks.
- 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:  
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 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

Observed E-scores were not completed for every new resident admission (See S.S. date of placement 7/28/21; first e-score completed 10/20/21 which is beyond the 30-day requirement).

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed**

**by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care worker, Egop Egop was hired to work at the facility on 8/18/20; his first physical exam is dated 6/6/22. Therefore, the licensee did not obtain a physician statement attesting to Mr. Egop's health within 30 days of hire.

This is a **TWICE REPEATED** violation (See 2018 and 2020 Renewal LSRs). Mrs. Ogbeifun submitted a plan of correction agreeing to achieve compliance to no avail. Continued noncompliance may result in modification of the license.

**R 400.14205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

No annual health review statement on file for Mr. Egop in 2021.

**R 400.14310            Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Observed S.S. weight records are very inconsistent. For example, on 2/20/22 S.S.'s weight is recorded as 240 pounds, then 1 week later on 2/27/22 his weight is recorded as 279 pounds. As recent as, 5/29/22 S.S.'s weight is recorded as 260 pounds, then 1 week later on 6/5/22 his weight is recorded as 140 pounds. Mrs. Ogbeifun has since made a new scale available at the home to record resident weights. Mrs. Ogbeifun reported there was something wrong with the scale and she was not aware because Staff failed to inform her of these discrepancies.

**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.

Observed the clothes chute in the 1<sup>st</sup> floor bathroom has not been sealed to safeguard against potential fire hazards.

A corrective action plan was requested and approved on 06/10/2022. 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.

**IV. RECOMMENDATION**

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



06/14/22

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Kara Robinson  
Licensing Consultant

Date