



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 28, 2022

Olubunmi Aluko  
4571 Barcroft Way  
Sterling Heights, MI 48310

RE: License #: AF500403871  
**Complete Wellbeing Home**  
**4571 Barcroft Way**  
**Sterling Heights, MI 48310**

Dear Ms. Aluko:

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 and a date.

Upon receipt of an acceptable corrective action plan, a six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry". The signature is written in black ink and is positioned below the word "Sincerely,".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
3026 West Grand Blvd  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 860-4475

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF500403871
<b>Licensee Name:</b>	Olubunmi Aluko
<b>Licensee Address:</b>	4571 Barcroft Way Sterling Heights, MI 48310
<b>Licensee Telephone #:</b>	(586) 943-7891
<b>Licensee:</b>	Olubunmi Aluko
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Complete Wellbeing Home
<b>Facility Address:</b>	4571 Barcroft Way Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 943-7891
<b>Original Issuance Date:</b>	03/25/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/27/2022

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
There are currently no residents in care.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
There are currently no residents in care.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. There are currently no residents in care.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
There are currently no residents in care.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
There are currently no residents in care.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
There are currently no residents in care.
- 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.  
There are currently no residents in care.
- 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:

**MCL 400.713**      **License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.**

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(b) The applicant's compliance with this act and rules promulgated under this act.

There were no residents in care at the time the renewal inspection was conducted. The licensee has not admitted any residents into the home since the issuance of the temporary license. Therefore, compliance regarding quality of care cannot be determined at this time.

**R 400.1426**      **Maintenance of premises.**

(1) The premises shall be maintained in a clean and safe condition.

- The toilet tank cover in the upstairs bathroom was missing.
- The bathtub contained soap scum.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



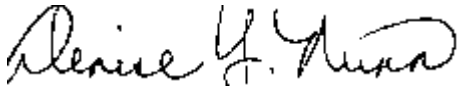
09/27/2022

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Cindy Berry  
Licensing Consultant

Date

Approved by:



09/28/2022

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Denise Y. Nunn  
Area Manager

Date