



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 11, 2024

Uchenna Ndubuisi  
Agape Care Inc.  
PO Box 532  
Garden City, MI 48136

RE: License #: AS820294082  
**Wisdom Home**  
**3927 Burton St.**  
**Inkster, MI 48141**

Dear Uchenna Ndubuisi:

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 black ink, appearing to read "D 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**

**License #:** AS820294082

**Licensee Name:** Agape Care Inc.

**Licensee Address:** P.O. Box 532  
Garden City, MI 48136

**Licensee Telephone #:** (734) 895-3313

**Licensee/Licensee Designee:** Uchenna Ndubuisi

**Administrator:** Princess Kennedy

**Name of Facility:** Wisdom Home

**Facility Address:** 3927 Burton St.  
Inkster, MI 48141

**Facility Telephone #:** (734) 578-7084

**Original Issuance Date:** 01/09/2008

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/10/2024

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Area Manager

- 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.  
Meal was prepared prior to renewal.
- 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 400.14203 Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

At the time of inspection, licensee designee and administrator did not participate in, and successfully complete, 16 hours and/or 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**R 400.14312 Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

At the time of inspection, I observed prescription medication labeled for specified resident in another resident's medication bin.

Resident A

Vitamin D 50000unit PO CAP, take 1 capsule by mouth once weekly was observed in Resident B's medication bin.

Timolol Maleate 0.25% OP SOL, instill one drop in both eyes twice daily was observed in Resident B's medication bin.

Resident B

Ventolin HFA, Albuterol Sulfate 108MCG/ACT IH spray, inhale 2 puffs by mouth every 4 to 6 hours as needed was observed in Resident A's medication bin.

**R 400.14312          Resident medications.**

**(2) Medication shall be given, taken, or applied pursuant to label instructions.**

At the time of inspection, I observed direct care staff Samuel Bassey give Resident B his noon medication. Samuel Bassey did not give medication pursuant to label instructions. The label instructions were as follows: Seroquel 100MG, take 1 tablet by mouth once daily. I observed Samuel Bassey give Resident B two tablets.

Samuel Bassey confirmed the medication error, contacted Resident B's physician and completed an incident report.

**IV. RECOMMENDATION**

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



10/11/2024

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Denasha Walker  
Licensing Consultant

Date