



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 20, 2025

Janeclare Agbor-Baiyee  
Integrated Home Care Agency, INC.  
11425 St. Aloysius  
Romulus, MI 48174

RE: License #: AS820340264  
**Integrated Home Care Agency**  
**11425 Saint Aloysius St**  
**Romulus, MI 48174**

Dear Mrs. Agbor-Baiyee:

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 dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

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>	AS820340264
<b>Licensee Name:</b>	Integrated Home Care Agency, INC.
<b>Licensee Address:</b>	11425 St. Aloysius Romulus, MI 48174
<b>Licensee Telephone #:</b>	(734) 635-5688
<b>Licensee/Licensee Designee:</b>	Janeclare Agbor-Baiyee
<b>Administrator:</b>	Janeclare Agbor-Baiyee
<b>Name of Facility:</b>	Integrated Home Care Agency
<b>Facility Address:</b>	11425 Saint Aloysius St Romulus, MI 48174
<b>Facility Telephone #:</b>	(734) 635-7044
<b>Original Issuance Date:</b>	02/03/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2025

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: 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.
- 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 400.14205      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 physician's 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.

At the time of inspection, direct care staff Fallon Salaig's employee file did not contain a physical within 30 days of employment.

According to licensee designee, Janeclare Agbor-Baiyee, Fallon Salaig's date of hire was 12/08/2024; her physical was dated 3/12/2025.

**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.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of inspection, direct care staff Fallon Salaig's employee file did not contain written evidence and results that she was tested for communicable tuberculosis.

**R 400.14208      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

- (c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.
- (d) Verification of the age requirement.
- (e) Verification of experience, education, and training.
- (f) Verification of reference checks.
- (g) Beginning and ending dates of employment.
- (h) Medical information, as required.
- (i) Required verification of the receipt of personnel policies and job descriptions.

At the time of inspection, direct care staff Fallon Salaig's employee file did not contain:

- Verification of education
- Verification of training.
- Verification of reference checks.

**R 400.14312      Resident medications.**

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

At the time of inspection:

- Resident A's medication administration records (MARs) was prematurely initialed on 3/20/2025 at 8:00 p.m. for Eliquis 5mg tablet, take 1 tablet by mouth twice daily.
- Resident A's Simethicone 125mg softgel, take 1 capsule by mouth 3 times daily with breakfast, lunch and dinner was not initialed on 3/19/2025 at 8:00 p.m.

**R 400.14312      Resident medications.**

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

- (b) Complete an individual medication log that contains all of the following information:

- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

At the time of inspection, Resident A's medication administration records (MARs) did not contain initials of the person who administered the medication from 3/01/2025 through 3/14/2025, for the following medications:

- Magnesium Oxide 400mg TA, take 1 tablet by mouth at bedtime for migraine prevention: 8:00 p.m.
- Melatonin 3mg tablet, take 1 tablet by mouth at bedtime: 8:00 p.m.
- Mirabegron ER 25mg Tab, take 1 tablet by mouth daily: 8:00 a.m.
- Multivitamin TAB, take 1 tablet by mouth daily: 8:00 a.m.
- Omeprazole 20mg Capsule, take 1 capsule by mouth daily: 8:00 a.m.
- Venlafaxine ER 75mg CAP, take 1 tablet by mouth daily: 8:00 a.m.
- Vitamin C 250mg Tablet, take 1 tablet by mouth daily: 8:00 a.m.
- Budesonide-Formot 80-4.5, inhale 2 puffs by mouth twice daily: 8:00 a.m. or 8:00 p.m.
- Cyclosporine 0.05% Eye EM, instill 1 drop into both eyes twice daily: 8:00 a.m. or 8:00 p.m.
- Divalproex ER 500mg TA, take 1 tablet by mouth every morning and take 2 tablets at bedtime: 8:00 a.m. or 8:00 p.m.
- Docusate 100mg softgel; take 1 capsule by mouth twice daily for constipation: 8:00 a.m. or 8:00 p.m.
- Eliquis 5mg tablet, take 1 tablet by mouth twice daily: 8:00 a.m. or 8:00 p.m.
- Quetiapine 50mg tablet, take 1 tablet (50mg) by mouth once a day in the morning and 2 tablets (100mg) by mouth at night: 8:00 a.m. or 8:00 p.m.
- Senna 8.6mg TAB; take 1 tablet by mouth twice daily: 8:00 a.m. or 8:00 p.m.
- Tramadol 50mg tablet, take 1 tablet by mouth every twelve hours
- Acetaminophen 500mg CAPL, take 2 tablets by mouth twice daily, may give additional 2 tabs (100mg) 6 hours before or after scheduled doses: 8:00 a.m., 2:00 p.m., or 8:00 p.m.
- Simethicone 125mg softgel, take 1 capsule by mouth 3 times daily with breakfast, lunch and dinner: 8:00 a.m., 2:00 p.m., or 8:00 p.m.

Licensee designee, Janeclare Agbor-Baiyee explained that the medication is filled on the 15<sup>th</sup> of the month and the MARs starts on the 15<sup>th</sup>. She stated at the end of the month, the staff administers the remaining medication and back fill the MARs from the 1<sup>st</sup> through the 14<sup>th</sup> of every month.

**R 400.14401      Environmental health.**

(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.

At the time of inspection, Rodent droppings were observed underneath the kitchen sink. Proof of a pest control program was not provided or available for review.

**R 400.14403      Maintenance of premises.**

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

At the time of inspection, the plumbing fixtures in the resident bathroom in the rear of the home was not properly installed. I observed water all over the floor.

**IV. RECOMMENDATION**

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



3/20/2025

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Denasha Walker  
Licensing Consultant

Date