



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 5, 2025

Iryl Felicidadario  
Ultra Care, Inc  
2033 Harned Dr.  
Troy, MI 48085

RE: License #: AS500363588  
**West Utica Home**  
**5785 W. Utica Road**  
**Shelby Township, MI 48317-5072**

Dear Mr. Felicidadario:

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 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 (248) 972-9136.

Sincerely,

A handwritten signature in blue ink, appearing to read 'EJ', is positioned above the printed name.

Eric Johnson  
Adult Foster Care Licensing Consultant  
Department of Licensing and Regulatory Affairs  
Bureau of Community and Health Systems  
3026 Cadillac Place, Ste 9-100  
Detroit, MI 48202

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500363588
<b>Licensee Name:</b>	Ultra Care, Inc
<b>Licensee Address:</b>	2033 Harned Dr. Troy, MI 48085
<b>Licensee Telephone #:</b>	(248) 689-2056
<b>Licensee/Licensee Designee:</b>	Iryl Felicidadario,
<b>Administrator:</b>	Iryl Felicidadario,
<b>Name of Facility:</b>	West Utica Home
<b>Facility Address:</b>	5785 W. Utica Road Shelby Township, MI 48317-5072
<b>Facility Telephone #:</b>	(586) 739-0078
<b>Original Issuance Date:</b>	12/04/2014
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/29/2025

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed N/A Role:

- 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.
- 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.  
None needed
- 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(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></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <ul style="list-style-type: none"><li><b>(i) The medication.</b></li><li><b>(ii) The dosage.</b></li><li><b>(iii) Label instructions for use.</b></li><li><b>(iv) Time to be administered.</b></li><li><b>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</b></li></ul>

During the onsite inspection on 5/29/25, I observed that the following medications for Resident A's were missing the initials of the person who administered the medication.

- Midodrine 5mg – 5/9, 5/4
- Serevent Dis 50mcg – 5/9
- Levothyroxine 122mg- 5/9
- Ketotifen 0.25% drop- 5/9
- Lorazepam 0.5mg- 5/9
- Escitalopram 20mg- 5/9
- Risperidone 1mg- 5/9
- Montelukast 10mg- 5/9

I also observed that Resident A's medication Pantoprazole was not administered as prescribed. The medication was prescribed to be given in the morning before breakfast but the facility administers it at 8pm.

#### IV. RECOMMENDATION

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



06/5/25

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Eric Johnson  
Licensing Consultant

Date