



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 2, 2025

Osaretin Uwaifo  
Amen's Care, Inc.  
9014 Rockland  
Redford, MI 48239

RE: License #: AS820296748  
Investigation #: 2025A0901028  
Ireti

Dear Osaretin Uwaifo:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Regina Buchanan". The ink is black and the signature is fluid and legible.

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

Enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

|                                       |                                    |
|---------------------------------------|------------------------------------|
| <b>License #:</b>                     | AS820296748                        |
| <b>Investigation #:</b>               | 2025A0901028                       |
| <b>Complaint Receipt Date:</b>        | 05/14/2025                         |
| <b>Investigation Initiation Date:</b> | 05/19/2025                         |
| <b>Report Due Date:</b>               | 07/13/2025                         |
| <b>Licensee Name:</b>                 | Amen's Care, Inc.                  |
| <b>Licensee Address:</b>              | 9014 Rockland<br>Redford, MI 48239 |
| <b>Licensee Telephone #:</b>          | (313) 935-0345                     |
| <b>Administrator:</b>                 | Osaretin Uwaifo                    |
| <b>Licensee Designee:</b>             | Osaretin Uwaifo                    |
| <b>Name of Facility:</b>              | Ireti                              |
| <b>Facility Address:</b>              | 8335 Roselawn<br>Detroit, MI 48204 |
| <b>Facility Telephone #:</b>          | (313) 935-0345                     |
| <b>Original Issuance Date:</b>        | 05/26/2009                         |
| <b>License Status:</b>                | REGULAR                            |
| <b>Effective Date:</b>                | 02/10/2024                         |
| <b>Expiration Date:</b>               | 02/09/2026                         |
| <b>Capacity:</b>                      | 6                                  |

|                      |  |
|----------------------|--|
| <b>Program Type:</b> | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |
|----------------------|--|

## II. ALLEGATION(S)

|   | <b>Violation<br/>Established?</b> |
|---|-----------------------------------|
| Staff, Ester Onakanmi, is not trained.            | No                                |
| Resident A's 1:1 staffing is not always provided. | Yes                               |

## III. METHODOLOGY

|            |  |
|------------|--|
| 05/14/2025 | Special Investigation Intake<br>2025A0901028       |
| 05/14/2025 | Referral - Recipient Rights                        |
| 05/14/2025 | Adult Protective Services Referral                 |
| 05/19/2025 | Special Investigation Initiated - On Site          |
| 05/30/2025 | Contact - Telephone call made<br>Guardian A        |
| 05/30/2025 | Contact - Telephone call made<br>ORR               |
| 06/05/2025 | Contact - Telephone call made<br>Case Manager      |
| 06/05/2025 | Contact - Telephone call made<br>Licensee Designee |
| 06/09/2025 | Contact - Document Received<br>Fax                 |
| 06/20/2025 | Contact - Telephone call made<br>James Osarumwense |
| 07/02/2025 | Inspection Completed-BCAL Sub. Compliance          |
| 07/02/2025 | Exit Conference                                    |

**ALLEGATION:**

**Staff, Ester Onakanmi, is not trained.**

**INVESTIGATION:**

On 05/30/2025, I made a telephone call to Tiffany Burgess, from the Office of Recipient Rights (ORR). She verified Ester works at the facility and that she is trained. Tiffany stated she observed Ester's training and will send me copies.

On 05/30/2025, I received an email from Tiffany that consisted of Ester's training. Several of the required AFC trainings were missing.

On 06/05/2025, I made a telephone call to the licensee designee, Osaretin Uwaifo. She stated Ester only works as needed but that she has all the required trainings and that she will send me copies.

On 06/09/2025, I received a fax from Osaretin that consisted of Ester's trainings. She had verification of completion of all required AFC trainings.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.14204</b>     | <b>Direct care staff; qualifications and training.</b>  |
|                        | <b>(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:</b><br><b>(a) Reporting requirements.</b><br><b>(b) First aid.</b><br><b>(c) Cardiopulmonary resuscitation.</b><br><b>(d) Personal care, supervision, and protection.</b><br><b>(e) Resident rights.</b><br><b>(f) Safety and fire prevention.</b><br><b>(g) Prevention and containment of communicable diseases.</b> |
| <b>ANALYSIS:</b>       | Based on the information obtained during this investigation, there is a lack of evidence to confirm staff, Ester, is not trained. Verification of completion of all the above required trainings were received.   |
| <b>CONCLUSION:</b>     | <b>VIOLATION NOT ESTABLISHED</b>  |

## **ALLEGATION:**

**Resident A's 1:1 staffing is not always provided.**

## **INVESTIGATION:**

On 05/19/2025, I conducted an onsite inspection at the facility. Resident A was observed but not interviewed due to being nonverbal.

During the onsite inspection on 05/19/2025, the licensee designee was present, Osaretin Uwaifo. She verified that Resident A requires 1:1 staffing and that there was a recent incident in which only one staff member was on duty. Osaretin explained that staff, Chinyeaka Gerald and Eki Cole, were working at the time. Eki left to take another resident on an appointment and Chinyeaka was left alone with Resident A and the other residents. Osaretin said someone from ORR came to the facility that day and saw no one was on duty with Chinyeaka. She indicated staff failed to notify her that there was an appointment and that they needed someone to cover. She said she has since addressed the issue with all staff and told them to let her know when additional staffing is needed so she can fill in the gaps. Chinyeaka and Eki were present during my interview with Osaretin and verified what was reported. They stated normally there are two staff for each shift.

On 05/30/2025, I made a telephone call to Resident A's guardian, Guardian A. She stated she visits once or twice a month and there have always been two staff on duty.

On 05/30/2025, I made a telephone call to Tiffany Burgess, from ORR. She stated she went to the facility and observed there to be only one staff on duty at the time. She also said she will be substantiating the complaint.

On 06/05/2025, I made a telephone call to Resident A's case manager, Kendra Williams, from Guidance Center. She verified Resident A requires 1:1 staffing, which is documented in his behavioral treatment plan. She also stated that normally when she goes to the facility there are three staff on duty.

On 06/20/2025, I made a telephone call to staff, James Osarumwense. He stated he works weekends and that there have been days in which he worked alone because the other staff did not show up. He stated Osaretin has since addressed the issue and gotten additional help, so this has no longer been a problem.

On 07/02/2025, I made a telephone call to Osaretin for an exit conference. I informed her of my investigative findings, which she agreed with.

| <b>APPLICABLE RULE</b> |   |
|------------------------|---|
| <b>R 400.14206</b>     | <b>Staffing requirements.</b>   |
|                        | <b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>   |
| <b>ANALYSIS:</b>       | Based on the information obtained during this investigation, sufficient staff was not on duty at all times. Licensee designee, Osaretin Uwaifo, verified Resident A requires 1:1 staffing. One staff member was left on duty while the other took another resident to an appointment; this was verified by licensee designee, Osaretin Uwaifo, the staff involved, and ORR. In addition to this, James reported there have been times he had to work alone, due to staff not showing up for work, thus leaving Resident A without 1:1 staffing. |
| <b>CONCLUSION:</b>     | <b>VIOLATION ESTABLISHED</b>  |

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.



Regina Buchanan  
Licensing Consultant

07/02/2025  
Date

Approved By:



Ardra Hunter  
Area Manager

07/02/2025  
Date