



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 5, 2025

Josephine Uwazurike  
ADA Homes, Inc.  
P O Box 4199  
Southfield, MI 48037

RE: License #: AS820379138  
**Westland III**  
**4761 Westland**  
**Dearborn, MI 48126**

Dear Josephine Uwazurike:

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) 456-0439.

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**

<b>License #:</b>	AS820379138
<b>Licensee Name:</b>	ADA Homes, Inc.
<b>Licensee Address:</b>	#200 23999 Northwestern Hwy. Southfield, MI 48075
<b>Licensee Telephone #:</b>	(248) 569-1040
<b>Licensee/Licensee Designee:</b>	Josephine Uwazurike
<b>Administrator:</b>	Josephine Uwazurike
<b>Name of Facility:</b>	Westland III
<b>Facility Address:</b>	4761 Westland Dearborn, MI 48126
<b>Facility Telephone #:</b>	(313) 429-9499
<b>Original Issuance Date:</b>	11/21/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3

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.  
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:  
CAP Dated 11/17/2023 MCL 400.734b (4), R330.1806 (1), R400.14301 (10),  
R400.14301 (2)(b), R400.14306 (3), R400.14312 (4)(b), R400.14315 (13) 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 330.1806                      Staffing levels and qualifications.**

(e) Proper precautions and procedures for administering prescriptive and nonprescriptive medications.

At the time of inspection, direct care staff, Muibat Bukoye staff file did not contain verification of proper precautions and procedures for administering prescriptive and nonprescriptive medications.

**R 400.629                      Direct care staff; qualifications and training.**

(5) 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 trained and competent in all of the following areas before performing assigned tasks independently:

- (a) Reporting requirements.
- (b) First aid.
- (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.
- (f) Safety and fire prevention.
- (g) Prevention and containment of communicable diseases including recognizing signs of illness.
- (h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.
- (i) Nutrition and special diets.

At the time of inspection, direct care staff, Muibat Bukoye staff file did not contain verification of first aid and cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

**R 400.639                      Staff records.**

(1) A licensee shall maintain a record for each staff that contains all of the following:

- (a) Name, address, telephone number, and Social Security number.

(b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services.

(c) Copy of a driver's license if staff provide transportation services.

(d) Verification of age.

(e) Verification of experience, highest level of education completed, and training.

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

(g) Beginning and ending dates of employment on separation.

(h) Health information as required by these rules.

(i) Verification of the receipt by the staff of personnel policies and job descriptions.

At the time of inspection, direct care staff, Muibat Bukoye and Stephen Olabode staff file did not contain verification 2 reference checks.

**R 400.673                      Use of assistive devices, therapeutic support.**

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of inspection, a commode assist device was observed in the resident bedroom without authorization in writing by an appropriately licensed health care professional.

**R 400.675                      Resident medications.**

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(a) Be trained in the proper handling and administration of medication.

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

(i) Medication name.

(ii) Dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process must include the resident's prescribing licensed health care professional and resident, resident's designated representative, and responsible agency if applicable.

(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.

(f) Contact the resident's licensed health care professional or the appropriately licensed health care professional who prescribed the medication when a medication error occurs.

(g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.

At the time of inspection, Resident A's medication log did not contain the initials of the individual who administered the medication, Ergocalciferol 1.25mg, take 1 capsule by mouth weekly on 11/2/2025 at the time given.

**R 400.685**

**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:

(a) A statement that the facility is licensed to provide foster care to adults.

(b) The services to be provided and the fee for those services.

(c) Any additional costs in addition to the basic fee that is charged.

(d) A residents rights policy.

(e) A discharge policy.

(f) Transportation services provided for a basic fee and services that are provided at an extra cost.

(g) A refund policy.

- (h) A resident's funds and valuables policy.
- (i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.
- (j) An agreement by the licensee to respect and safeguard the resident's rights.
- (k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.
- (l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.
- (m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.
- (n) An agreement by the resident to follow written house rules if any.

At the time of admission, Resident A's resident file did not contain a resident care agreement at the time of admission. Resident A was admitted on 12/17/2024.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

- (8) A resident care agreement must be signed by all applicable parties. A copy of the signed resident care agreement along with copies of the policies listed in subrule (6) of this rule must be provided to the resident or the resident's designated representative and maintained in the resident's record.

At the time of inspection, Resident B's resident care agreement was not signed by the resident or the resident's designated representative at the time of admission. Resident B was admitted on 8/05/2024.

**IV. RECOMMENDATION**

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



11/05/2025

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Denasha Walker  
Licensing Consultant

Date

