



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 6, 2026

Aniema Ubom
Care First Group Living & In-Home Services, Inc.
24111 Southfield Road
Southfield, MI 48075

RE: License #:

The Tutbury Residence
6496 Tutbury Ln
Troy, MI 48098

Dear Mr. Ubom:

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.

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 cursive script that reads "Sara E. Shaughnessy". The signature is fluid and includes a long horizontal flourish at the end.

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License #: AS630406615

Licensee Name: Care First Group Living & In-Home Services, Inc.

Licensee Address: 24111 Southfield Road
Southfield, MI 48075

Licensee Telephone #: (248) 331-7444

Licensee/Licensee Designee: Aniema Ubom

Administrator:

Name of Facility: The Tutbury Residence

Facility Address: 6496 Tutbury Ln
Troy, MI 48098

Facility Telephone #: (248) 331-7444

Original Issuance Date: 08/06/2021

Capacity: 5

Program Type: PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 3 Role: Management

- 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.
The onsite inspection did not take place during a mealtime. An adequate amount of nutritious foods was observed.
- 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: 02/20/2024; R 400.14205, R 400.14208, R 400.14301, 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 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (h) Health information as required by these rules.
Direct care staff member, Mandy Laird, began working for Care First on 10/27/2025 and her medical clearance was not completed until 03/27/2026.	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Resident A has a prescription for fluoxetine capsule, 40 mg, take one capsule by mouth twice daily. On his medication administration record (MAR) it indicates he was administered his bedtime dose, on 03/05/2026 and 03/06/2026, but the medication is still in the pack, with writing indicating it was refused.

Resident A has a prescription for Eliquis tablet 5 mg, take one tablet by mouth every twelve hours. His MAR indicates his bedtime dose was administered on 03/05/2026 and 03/06/2026, but the medication is still in the pack, with writing indicating it was refused.

Resident A has a prescription for Cobenfy capsule 100-20 mg, 1 capsule by mouth, twice daily. His MAR indicates his bedtime dose was administered on 03/05/2026, 03/06/2026, but it was still in the pack, labeled as having been refused.

Resident A has a prescription for Cyanocobalam injection 1000mcg, administered intramuscularly once a month on the 6th. This was not initialed as having been administered on 03/06/2026.

Resident B has a prescription for acetic acid solution .25% IRR 1000m, use twice daily as directed. This was not initialed as having been administered on 03/28/2026 in the AM and 03/29/2026, in the PM.

Resident B has a prescription for midodrine tablet 10mg, take one tablet by mouth, every eight hours, hold for blood pressure greater than 120/80. On 03/23/2026, it is not initialed as having been given and there was no blood pressure measurement recorded. This was also not marked as having been refused.

Resident B has a prescription for Nystatin powder 1000000, apply topically to suprapubic stoma once daily. On 03/28/2026, it is not initialed as having been administered.

Resident B has a prescription for Restore wound liquid cleanser, use as directed, twice daily. This medication has not been initialed as having been administered on 03/28/2026 in the AM and 03/29/2026, in the PM.

Resident B's MAR indicates he is to have a suprapubic catheter change once a week by the nurse. There are no initials indicating this was done on 03/23/2026.

R. 400.689	Resident health care
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other designated health care professional.

Resident A has physician instructions for wound care for his right foot and heel, this was not recorded as having been completed on 03/28/2026.

Resident B has physician instructions that are tracked in his MAR. One of the instructions is to record if he has a wound present and to indicate body site. On 03/25/2026 and 03/29/2026 it was not documented as having been completed.

Resident B has instructions for wound care, cleanse left ischium with wound cleanser, moisten kerlix with acetic acid solution and loosely pack into open wound, over with dry 4x4 gauze and secure with Medi pore tape, once daily. This was not documented as completed on 03/28/2026.

Resident B has instructions for wound care for his left lateral ankle and left heel, neither were documented as having been completed on 03/28/2026.

Resident B has instructions to check and record his glucose four times a day; this was not completed on 03/23/2026 for his 5pm check.

Resident B has instructions to perform breathing rounds and document yes or no, and to check oxygen lines for patency and kinks, hourly; this was not documented as having been completed on 03/20/2026 at 6pm.

IV. RECOMMENDATION

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



04/08/2026

Sara Shaughnessy
Licensing Consultant

Date