



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 #: AS630411027  
**The Winchester Residence**  
**5522 Winchester Drive**  
**Troy, MI 48085**

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 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 (248) 972-9136.

Sincerely,

A handwritten signature in blue ink that reads "Sara E. Shaughnessy". The signature is written in a cursive, flowing style with a large initial 'S' and a distinct 'E'.

Sara Shaughnessy, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
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#:** AS630411027

**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 Winchester Residence

**Facility Address:** 5522 Winchester Drive  
Troy, MI 48085

**Facility Telephone #:** (248) 480-4162

**Original Issuance Date:** 08/10/2022

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/26/2026

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:  
02/21/2025; 400.14301, 400.14315, 400.14318, 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:

<b>R 400.691</b>	<b>Resident records.</b>
	<p><b>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</b></p> <ul style="list-style-type: none"> <li><b>(a) Personal information including all of the following:</b> <ul style="list-style-type: none"> <li><b>(i) Resident's full name.</b></li> <li><b>(ii) Social Security number.</b></li> <li><b>(iii) Date of birth.</b></li> <li><b>(iv) Marital status.</b></li> <li><b>(v) Veteran's status.</b></li> <li><b>(vi) Gender identity.</b></li> <li><b>(vii) Former address.</b></li> <li><b>(viii) Name, address, and contact information of identified contact or designated representative.</b></li> <li><b>(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.</b></li> <li><b>(x) Funeral provisions, preferences, and contact information.</b></li> <li><b>(xi) Resident's religious preference.</b></li> </ul> </li> </ul>
<p>Resident A's resident information record was missing burial provisions and social security number.</p> <p>Resident B's resident information record is missing marital status, religious preference, and burial provisions.</p>	

#### IV. RECOMMENDATION

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



04/07/2026

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Sara Shaughnessy  
Licensing Consultant

Date