



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 2, 2026

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

RE: License #: AS630415090
The Hawthorne Residence
22430 Hawthorne
Farmington, MI 48336

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 black ink that reads "Sara E. Shaughnessy". The signature is written in a cursive style with a large, looping initial "S" and a long, sweeping underline.

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 #: AS630415090

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 Hawthorne Residence

Facility Address: 22430 Hawthorne
Farmington, MI 48336

Facility Telephone #: (248) 480-4162

Original Issuance Date: 08/25/2023

Capacity: 6

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 1

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:
10/02/2025; MCL 400.734b 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:

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

IV. RECOMMENDATION

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



04/06/2026

Sara Shaughnessy
Licensing Consultant

Date

