



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 21, 2026

Odinaka Duru  
Obioma Care Home Health Agency  
Suite 7  
26847 Grand River Ave.  
Redford, MI 48240

RE: License #: AS630419566  
**Believe**  
**6372 Tutbury Ln**  
**TROY, MI 48098**

Dear Mr. Duru:

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630419566

**Licensee Name:** Obioma Care Home Health Agency

**Licensee Address:** Suite 7  
26847 Grand River Ave.  
Redford, MI 48240

**Licensee Telephone #:** (248) 665-3966

**Licensee/Licensee Designee:** Odinaka Duru

**Administrator:** Odinaka Duru

**Name of Facility:** Believe

**Facility Address:** 6372 Tutbury Ln  
TROY, MI 48098

**Facility Telephone #:** (248) 665-3966

**Original Issuance Date:** 10/27/2025

**Capacity:** 6

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/14/2026

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
There have not been any residents in care in six months after receiving the temporary license.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
There have not been any residents in care in six months after receiving the temporary license.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. There have not been any residents in care in six months after receiving the temporary license.
- Meal preparation / service observed? Yes  No  If no, explain.  
There have not been any residents in care in six months after receiving the temporary license.
- Fire drills reviewed? Yes  No  If no, explain.  
There have not been any residents in care in six months after receiving the temporary license.
- 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.  
There have not been any residents in care in six months after receiving the temporary license.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: 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> <p><b>(a) Personal information including all of the following:</b></p> <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> <p><b>(b) Date of admission.</b></p> <p><b>(c) Date of discharge and address to where the resident moved.</b></p> <p><b>(d) Health care information including all of the following:</b></p> <ul style="list-style-type: none"> <li><b>(i) Health care appraisals.</b></li> <li><b>(ii) Medication administration record.</b></li> <li><b>(iii) Name, address, and contact information of the preferred health care professional and hospital.</b></li> <li><b>(iv) Medical insurance.</b></li> <li><b>(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures.</b></li> <li><b>(vi) Instructions for emergency care and advanced medical directives.</b></li> </ul> <p><b>(e) Resident care agreement.</b></p> <p><b>(f) Assessment plan.</b></p> <p><b>(g) Admission and monthly weight record.</b></p> <p><b>(h) Incident reports.</b></p> <p><b>(i) Resident funds and valuables record and resident refund agreement.</b></p> <p><b>(j) Resident grievances.</b></p>

	<p>(k) Resident discharge notice.</p> <p>(2) A resident's grievance must be maintained and include the nature of the grievance, the date of the grievance, and a statement indicating how the grievance was addressed.</p> <p>(3) Resident records must be kept on file in the facility for 2 years after the date of resident discharge unless a shorter retention is specified elsewhere in these rules.</p>
<p>At time of the onsite inspection, there were no residents in care. The home is on a temporary license and there have not been any residents in care since the issuance of the license.</p>	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



04/17/2026

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Sara Shaughnessy  
Licensing Consultant

Date

Approved by:



04/21/2026

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Ardra Hunter  
Area Manager

Date