GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

Johnpaul Nwogu
American Golden Care
22785 Stephanie Court
Brownstown, MI 48134

RE: Application #: AS820419945
Golden Westland
29635 Julius Blvd
Westland, MI 48186

Dear Johnpaul Nwogu:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 300-9922

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS820419945
Licensee Name:	American Golden Care
Licensee Address:	22785 Stephanie Court Brownstown, MI 48134
Licensee Telephone #:	(313) 721-3729
Administrator/Licensee Designee:	Johnpaul Nwogu, Designee
Name of Facility:	Golden Westland
Facility Address:	29635 Julius Blvd Westland, MI 48186
Facility Telephone #:	(734) 329-2205
Application Date:	09/25/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/25/2025	On-Line Enrollment
09/25/2025	On-Line Application Incomplete Letter Sent 1326/RI030 req'd
09/30/2025	PSOR on Address Completed
09/30/2025	Contact - Document Sent
10/30/2025	Contact - Document Received 1326/RI030 rec'd
11/24/2025	Application Incomplete Letter Sent
03/03/2026	Contact - Document Sent
03/23/2026	Contact - Document Received
05/01/2026	Inspection Completed On-site
05/01/2026	Inspection Completed-BCAL Sub. Compliance
05/11/2026	Comment enrollment reopened
05/22/2026	Inspection Completed On-site
06/05/2026	Inspection Completed On-site
06/05/2026	Inspection Completed-BCAL Full Compliance
06/05/2026	Contact - Document Received

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Golden Westland is located in a suburban residential neighborhood in Westland, MI, approximately 3 miles from I-94 and 8 miles from I-275. Golden Westland is in an area that offers a convenient and diverse range of amenities with pharmacies such as CVS (less than a mile away), Walgreens (2.8 miles away) and Corewell Health Wayne Hospital (2.3 miles away). There are multiple dining options, including various restaurants like Leonardo's Italian Grille, Avenue American Bistro, and fast-food chain including Burger King, Wendy's, Arby's and KFC within miles of the facility. For recreational activities, parks like Garden City Parks & Recreation, Attwood Park, Hype Athletics, and Westland Library are relatively close to the home and offer opportunities

for outdoor relaxation and enjoyment. Golden Westland a driveway, as well as on-street parking.

Due to the facility's location, it utilizes both public water and sewage system.

Edith Nwogu and Johnpaul Nwogu are the property owners confirmed by a copy of the warranty deed. Written permission for Golden Westland facility to operate on the property and for Licensing and Regulatory Affairs (LARA) to inspect the property has been obtained.

Golden Westland is a single-family ranch style home. The front and side door are the two approved means of egress. As you enter the home, the main floor consists of a living and dining room area, kitchen, four resident bedrooms, two full bathrooms, one of which is located in a resident bedroom. Both bathroom consists of toilet, sink, a tub/shower combination, window and a mechanical fan for ventilation. The home does not have exits at grade or ramps located at two approved means of egress on the main floor. The home is not wheelchair accessible at this time and cannot accept residents who require the regular use of a wheelchair.

Golden Westland has an unfinished basement. The gas furnace, hot water heater, in addition to the gas powered washer and dryer, are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected on 08/25/2025 by
and 3/17/2026 by licensed professional, respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was inspected by a licensed electrician on 3/17/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The facility's backyard is surrounded by a gate however; the applicant acknowledged an understanding the gates must not be locking against egress

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 East	9.5 x 9	88	1
2 West	11.08 x 12.42	138	2
3 East	9.17 x 10.08	92	1

4 South	11.5 x 14.5	167	2

The living, dining, and sitting room areas measure a total of **491** square feet of living space. This exceeds the minimum of **35** square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to three male and female, ambulatory, adult whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, and/or aged in the least restrictive environment possible.

Golden Westland is designed to enhance the quality of life and independence and social interaction, community integration by providing residents with life skills training support, personal hygiene, supervision and personal adjustment skills. The licensee will encourage creativity and self-expression, support social engagement and meaningful activity, reduce anxiety, agitation, and isolation, celebrate resident accomplishments and individuality and create positive experiences for residents and families.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents for placement from local Detroit Wayne Integrated Health Network, Community Mental Health agencies working with vulnerable/aged adults, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement, but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local

museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is American Golden Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 07/25/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The applicant has submitted documentation as a sole member of American Golden Care, L.L.C., appointing JOHNPAUL C. NWOGU as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded licensee designee. The licensee designee and administrator submitted a medical clearance with a statement from a physician documenting the licensee designee’s good health, dated 03/20/2026

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Provide a brief summary of the applicant and administrator’s AFC experience and a concise overview of the key qualifications and work history. The licensee designee has several years of experience working as a direct care staff serving individuals with mental illness, developmentally disabilities, physically handicapped and aged. The licensee designee is a Registered Nurse (RN). The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The licensee designee also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this **6**-bed facility is adequate and includes a minimum of **1 staff –to- 6** residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service

fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home, capacity 1 - 6.

07/08/2026

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Denasha Walker Date
Licensing Consultant

Approved By:

07/09/2026

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Ardra Hunter Date
Area Manager