



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 20, 2026

Janeclare Agbor-Baiyee
Integrated Home Care Agency, INC.
11425 St. Aloysius
Romulus, MI 48174

RE: License #: AS820401918
Integrated Home Care Agency 2
3586 Spring Hill Avenue
Inkster, MI 48141

Dear Janeclare Agbor-Baiyee:

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 (313) 456-0380.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Denasha Walker'.

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

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

I. IDENTIFYING INFORMATION

License #:	AS820401918
Licensee Name:	Integrated Home Care Agency, INC.
Licensee Address:	11425 St. Aloysius Romulus, MI 48174
Licensee Telephone #:	(734) 635-5688
Licensee/Licensee Designee:	Janeclare Agbor-Baiyee
Administrator:	Janeclare Agbor-Baiyee
Name of Facility:	Integrated Home Care Agency 2
Facility Address:	3586 Spring Hill Avenue Inkster, MI 48141
Facility Telephone #:	(734) 635-7044
Original Issuance Date:	03/10/2020
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2026

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: licensee designee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
A full worksheet inspection was completed.
- 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.
Meal preparation/service was not observed. Lunch was provided prior to inspection.
- 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:
CAP Dated 09/05/2024 R400.14205 (6), R400.14312 (1), R400.14316 (1),
R400.14318 (5), R400.14407 (3), R400.14408 (4), R400.14505 (4) 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 400.675

Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(b) Complete an individual medication log that contains all of the following:

- (i) Medication name.
- (ii) Dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) Initials of the individual who administered the medication at the time given.
- (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

At the time of inspection, Resident A's medication administration records (MARs) did not consistently contain the initials of the individual who administered the medication at the time it was given. A review of the MARs from 04/01/2026 through 08/14/2026 identified a pattern of missing initials.

Ketoconazole 2% to cream apply to the affected area(s), to both legs was not initialed on 04/07/2026 - 04/10/2026, 04/14/2026 - 04/17/2026, 04/21/2026 - 04/24/2026, 04/28/2026 - 04/30/2026, 05/09/2026 - 05/15/2026, 05/19/2026 - 05/22/2026, 05/26/2026 - 05/28/2026, 06/02/2026 - 06/05/2026, 06/09/2026 - 06/12/2026, 06/16/2026 - 06/19/2026, 06/23/2026 - 06/24/2026, 06/28/2026 - 06/30/2026.

Mirtazapine 7.5mg Tab, take on tablet by mouth at bedtime was not initialed on 04/06/2026 - 04/09/2026, 04/13/2026 - 04/16/2026, 04/20/2026 - 04/23/2026, 04/27/2026 - 04/30/2026, 05/08/2026 - 05/14/2026, 05/18/2026 - 05/21/2026, 05/25/2026 - 05/28/2026, 06/01/2026 - 06/05/2026, 06/09/2026 - 06/11/2026, 06/15/2026 - 06/18/2026, 06/22/2026, 06/23/2026, 06/28/2026 - 06/30/2026.

Omeprazole 40mg CAP take one capsule by mouth every morning before breakfast on an empty stomach was not initialed on 04/07/2026 - 04/10/2026, 04/14/2026 - 04/17/2026, 04/21/2026 - 04/24/2026, 04/28/2026 - 04/30/2026, 05/05/2026 - 05/15/2026, 05/19/2026 - 05/22/2026, 05/26/2026 - 05/29/2026

Vitamin D 50000unit PO CAP, take 1 capsule by mouth once weekly on Saturday was not initialed on 05/09/2026.

The licensee designee, Janeclare Agbor-Baiyee stated she administers the medication, but failed to initial the medication administration records (MARs). I explained that the MARs must be completed because it is verification that the medication was given as prescribed. Mrs. Agbor-Baiyee accepted accountability and stated she make sure the MARs is completed after passing the medication.

R 400.685 Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.

At the time of inspection, Resident A's written assessment plan did not contain the guardian signature at the time of admission.

R 400.685

Resident admission; resident assessment plan; resident care agreement; health care appraisal.

(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:

(a) A statement that the facility is licensed to provide foster care to adults.

(b) The services to be provided and the fee for those services.

(c) Any additional costs in addition to the basic fee that is charged.

(d) A resident's rights policy.

(e) A discharge policy.

(f) Transportation services provided for a basic fee and services that are provided at an extra cost.

(g) A refund policy.

(h) A resident's funds and valuables policy.

(i) An agreement by the licensee to provide care, supervision, and protection to the resident and to ensure transportation services as indicated in the resident's assessment plan and resident care agreement.

(j) An agreement by the licensee to respect and safeguard the resident's rights.

(k) An agreement by the licensee and resident or the resident's designated representative to follow the facility's discharge policy.

(l) An agreement by the resident, resident's designated representative, or responsible agency to provide necessary intake information, including health-related information, at the time of admission.

(m) An agreement by the resident or the resident's designated representative to provide a current health care appraisal.

(n) An agreement by the resident to follow written house rules if any.

At the time of inspection, Resident A's written resident care agreement did not contain the guardian signature at the time of admission.

IV. RECOMMENDATION

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



08/20/2026

Denasha Walker
Licensing Consultant

Date