



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 18, 2026

Hyginus Ezeokobe
4539 Palisades Ct
Ypsilanti, MI 48197

RE: License #: AS820404903
Divine Grace Afc
26921 Kitch St
Inkster, MI 48141

Dear Mr. Ezeokobe:

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 cursive script, reading "DaShawnda Lindsey". The signature is written in a dark ink and is positioned above the printed name and address.

DaShawnda Lindsey, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 830-4949

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

I. IDENTIFYING INFORMATION

License #:	AS820404903
Licensee Name:	Hyginus Ezeokobe
Licensee Address:	26921 Kitch St Inkster, MI 48141
Licensee Telephone #:	(734) 834-8156
Licensee/Licensee Designee:	Hyginus Ezeokobe
Administrator:	Hyginus Ezeokobe
Name of Facility:	Divine Grace Afc
Facility Address:	26921 Kitch St Inkster, MI 48141
Facility Telephone #:	(313) 722-4286
Original Issuance Date:	03/11/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/10/2026

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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 inspection did not occur during a meal time.
- 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.
There were no incident reports that required a follow-up.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SI 08/29/2025- 693(2); Renewal 2024- as208(1)(e), as208(1)(f), as306(3),
as401(2), as318(5) and S803(6) 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:

MCL 400.734b	Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.
	(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

At the time of the inspection, I reviewed two staff files. There was no verification that staff, Ifeanyi Ben and staff, Candice Ezeokobe were fingerprinted under the facility's license. While at the facility, I accessed the workforce background check portal and observed no active applications for this facility.	
R 400.619	Emergency preparedness plan.
	(5) A licensee shall have a telephone available and accessible to anyone in the facility for emergency use and emergency telephone numbers posted in a conspicuous location that includes fire, police, and medical emergency services.
At the time of the inspection, there was no verification that at least one fire drill per quarter was completed during this renewal period. I only observed one fire drill conducted on 10/09/2024 at 6pm.	
R 400.627	Licensee and administrator training requirements.
	(1) A licensee and administrator shall complete annual training based on the license issue date, the educational requirements specified in subdivision (a) or (b) of this subrule, or a combination that totals 16 hours: (a) 16 hours of training accepted by the department that is relevant to the licensee's admission policy and program statement.
At the time of the inspection, there was no verification that licensee, Hyginus Ezeokobe completed 16 hours of training annually during this renewal period.	
R 400.629	Direct care staff; qualifications and training.
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: (b) First aid. (c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

At the time of the inspection, there was no verification that staff, Ifeanyi Ben and staff, Candice Ezeokobe had current First Aid and CPR certification.	
R 400.631	Health screenings.
	(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.
At the time of inspection, there was no verification that staff, Ifeanyi Ben had a medical clearance within 30 days of employment start date.	
R 400.631	Health screenings.
	(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.
At the time of the inspection, there was no verification that Candice Ezeokobe completed an annual health review during this renewal period.	
R 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.
At the time of the inspection, there was no verification that licensee, Hyginus Ezeokobe maintained a record of Resident A's and Resident B's payment for services. The form in each file was blank.	
R 400.647	Safety and maintenance of premises.
	(12) Stairway risers and treads must be a uniform and consistent size. Stairways that form a part of a required means of egress must change direction at landings only. Spiral staircases and staircases that incorporate wedge-shaped steps are not allowed as a part of a required means of egress. This subrule does not apply to family or congregate facilities licensed

	on or before promulgation of these rules that have been continuously licensed.
At the time of the inspection, the stairway leading to the second floor of the facility contained a wedged-shaped step.	
R 400.647	Safety and maintenance of premises.
	(14) Handrails and nonskid surfacing must be installed in showers and bath areas.
At the time of the inspection, the bath area in the bathroom on the main level as well as the second floor did not contain nonskid surfacing.	
R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
At the time of the inspection, the walls and carpet throughout the facility were dirty.	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
At the time of the inspection, I observed that staff did not administer Lexapro 20mg at 8am on 09/10/2026 to Resident A. I observed the medication still in the bubble pack.	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.

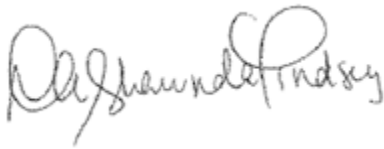
At the time of the inspection, there was no verification that a health care appraisal completed for Resident A or Resident B. I observed a blank health care appraisal form in each file.	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(4) A written 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 the inspection, I observed that an assessment plan was completed for Resident A on 12/04/2024. There was no verification that a plan was completed for Resident A in 2025. Also, I observed that an assessment plan was completed for Resident B in May 2026, but the plan was not signed by his guardian.	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.
At the time of the inspection, I observed that a resident care agreement was signed by Resident A on 12/04/2024, but the form was blank. There was no verification that an agreement was completed in 2025.	
R 400.715	Facility environment; fire safety, adoption by reference.
	(1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces

	and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections must be maintained at the facility for 2 years.
At the time of the inspection, the smoke detector in the basement was not interconnected with the other smoke detectors.	
R 400.715	Facility environment; fire safety, adoption by reference.
	(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following: (a) Improve the score to at least the "slow" category. (b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.
At the time of inspection, there was no verification that a complete Escore packet was completed within 30 days of each resident admission.	
R 400.723	Fire extinguishers.

	(1) A minimum of one 5-pound multi-purpose fire extinguisher or equivalent must be provided for use on each occupied floor and in the basement.
At the time of the inspection, there was not a fire extinguisher in the basement.	
R 400.725	Means of egress.
	(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.
At the time of the inspection, the back door was not equipped with non-locking-against-egress hardware.	

IV. RECOMMENDATION

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



09/18/2026

DaShawnda Lindsey
Licensing Consultant

Date