GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 21, 2026

Abigail Enaibre
U & I HOME CARE LLC
20245 Churchill Ave
Brownstown Twp, MI 48183

RE: License #: AS820413668
U & I HOME CARE LLC
20245 Churchill Ave
Brownstown Twp, MI 48183

Dear Abigail Enaibre:

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 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 (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

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

I. IDENTIFYING INFORMATION

License #:	AS820413668
Licensee Name:	U & I HOME CARE LLC
Licensee Address:	20245 Churchill Ave Brownstown Twp, MI 48183
Licensee Telephone #:	(734) 212-6929
Licensee/Licensee Designee:	Abigail Enaibre
Administrator:	Abigail Enaibre
Name of Facility:	U & I HOME CARE LLC
Facility Address:	20245 Churchill Ave Brownstown Twp, MI 48183
Facility Telephone #:	(734) 212-6929
Original Issuance Date:	07/31/2023
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/14/2026

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 0
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.
  No residents were onsite at the time of 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:
  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 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

At the time of inspection, fire drills completed during this renewal period did not contain the times the drills were completed. I am unable to determine whether the fire drills were completed during each shift at least once a quarter per calendar year.

Failure to conduct and document required fire drills places residents and staff at increased risk during a fire. Without regular drills, staff and residents may be unfamiliar with evacuation procedures, emergency roles, and response expectations, resulting in delayed evacuations, confusion, and an increased potential for injury or loss of life.

R 400.623 Applicant, licensee and administrator qualifications; licensee, administrator and staff requirements; parole or probation or convicted of felony.

(2) An applicant, licensee, and administrator shall be competent in all of the following areas:
(j) Medication administration.

At the time of inspection, I reviewed direct care staff, Obinna Ngene's, employee file.

Obinna Ngene was hired on 02/15/2024. Resident A was admitted on 02/12/2024 and was discharged within 30 days. Following the discharge, the home remained vacant until 10/03/2025, when Resident B was admitted. During this period, Obinna Ngene remained on the schedule with assigned responsibilities and worked independently at times. Verification of medication administration training was not available in his file during the period identified. His medication training was completed and documented on June 30, 2026.

Lack of medication training when caring for residents can jeopardize the risk and safety of the residents and lead to serious range of negative physical outcomes.

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:

(a) Reporting requirements.

(b) First aid.

(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.

(d) Personal care, supervision, and protection.

(e) Resident rights.

(f) Safety and fire prevention.

(g) Prevention and containment of communicable diseases including recognizing signs of illness.

(h) Food safety, which includes food storage, preparation, distribution, and serving in a safe manner.

(i) Nutrition and special diets.

At the time of inspection, I reviewed direct care staff, Aliyah Warren's, employee file. Aliyah Warren's date of hire was 09/18/2025, her file did not contain verification of competency in Resident rights, Safety and fire prevention, and Prevention and containment of communicable diseases prior to performing assigned tasks independently

Aliyah Warren's resident rights, safety and fire prevention, and prevention and containment of communicable diseases training certificates were dated 12/19/2025.

Lack of proper training when caring for residents can jeopardize the risk and safety and lead to serious range of negative outcomes.

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, direct care staff, Obinna Ngene and Aliyah Warren's, employee file did not contain a statement signed by a licensed physician or physician's designee attesting to their physical health at the time of hire.

Failure to verify direct care staff physical health at the time of hire places the residents at risk because the licensee is unable to determine if the direct care staff is mentally and/or physically capable of meeting the residents' needs.

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 inspection, direct care staff, Obinna Ngene's, employee file did not contain verification of annual 2025 or 2026 health review.

Failure to verify direct care staff physical health annually places the residents at risk because the licensee is unable to determine if the direct care staff is mentally and/or physically capable of meeting the residents' needs.

R 400.639 Staff records.

(1) A licensee shall maintain a record for each staff that contains all of the following:

(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.

At the time of inspection, direct care staff, Aliyah Warren's, employee file did not contain verification of not less than 2 reference checks.

Failure to verify the direct care staff references jeopardizes the residents' safety because the licensee runs the risk of hiring unsuitable or unqualified direct care staff.

R 400.673 Use of assistive devices, therapeutic support.

(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of inspection, I observed a shower chair in the resident's bathroom without authorization in writing by an appropriately licensed health care professional.

Utilizing an assistive device without written authorization from a licensed health care professional increases the risk of inappropriate or unsafe use, injury to the resident, and noncompliance with licensing requirements.

R 400.675 Resident medications.

(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.

At the time of inspection, I observed medications in a weekly pill organizer in Resident A's medication bin that were not kept in the original pharmacy container and labeled for Resident A.

Licensee designee, Abigail Enaibre, stated Resident A goes out and buys his own supplements. She stated she had spoken with him about the staff managing his medication, but he continues to buy medication and bring it into the home.

Medications that are not maintained in their original pharmacy-labeled containers increase the risk of medication errors, including administering the wrong medication, incorrect dosage, or giving medication to the wrong resident.

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 resident assessment plan was not thoroughly completed and was not signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission.

Not completing a resident assessment plan at the time of admission jeopardizes resident care, treatment and protection because the licensee is unable to determine the resident's needs and the ability to provide adequate care.

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, evacuation assessments (E-scores) were not conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident.

Failure to conduct and document required evacuation assessments places residents and staff at increased risk during a fire. Without regular drills, staff and residents may be unfamiliar with evacuation procedures, emergency roles, and response expectations, resulting in delayed evacuations, confusion, and an increased potential for injury or loss of life.

On 07/14/2026, I completed an exit conference with Licensee Designee, Abigail Enaibre, regarding the findings. I explained that based on the quality-of-care violations, I am recommending a temporary provisional license. Mrs. Enaibre said she understood. She stated she experienced some challenges and became laxed as it pertains to the operations of the home. She stated she intends to correct the violations and better maintain the home. I explained that due to the violations cited in the report, a written corrective action plan is required, which she agreed to submit.

IV. RECOMMENDATION

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



07/18/2026

_____

Denasha Walker — Date
Licensing Consultant

Approved by:



07/21/2026

_____

Ardra Hunter — Date
Area Manager