



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 9, 2026

Stella Obi
Kings Care Inc.
23157 Eric Dr
Trenton, MI 48183

RE: License #: AS820287155
Investigation #: 2026A0116042
MyCare Home

Dear Ms. Obi:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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,

A handwritten signature in blue ink that reads "Pandrea Robinson". The signature is fluid and cursive, with the first name "Pandrea" and last name "Robinson" clearly legible.

Pandrea Robinson, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place Ste 2-730
3044 W Grand Blvd, Annex
Detroit, MI 48202
(313) 319-9682

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820287155
Investigation #:	2026A0116042
Complaint Receipt Date:	08/03/2026
Investigation Initiation Date:	08/04/2026
Report Due Date:	10/02/2026
Licensee Name:	Kings Care Inc.
Licensee Address:	23157 Eric Drive Trenton, MI 48183
Licensee Telephone #:	(734) 673-8801
Administrator:	Stella Obi
Licensee Designee:	Stella Obi
Name of Facility:	MyCare Home
Facility Address:	26439 Eureka Rd. Taylor, MI 48180
Facility Telephone #:	(734) 673-1381
Original Issuance Date:	04/23/2007
License Status:	REGULAR
Effective Date:	10/21/2025
Expiration Date:	10/20/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The home is filthy and has gnats, flies, and mice. There are bullet holes in the front window.	No
Residents are not fed nutritious meals and the food in the freezer is freezer burned.	No
Residents' briefs aren't being changed regularly.	No
Additional Findings	Yes

All allegations received not investigated as they were not rule related

III. METHODOLOGY

08/03/2026	Special Investigation Intake 2026A0116042
08/03/2026	APS Referral Received.
08/03/2026	Referral - Recipient Rights Made.
08/04/2026	Special Investigation Initiated - On Site Staff Onyedikachi, Resident's A-D. Spoke with licensee designee, Stella Obi via telephone and reviewed Resident B's assessment plan.
08/04/2026	Inspection Completed-BCAL Sub. Compliance
08/06/2026	Contact - Telephone call received Recipient rights investigator, Kailyn Mack.
08/18/2026	Contact - Telephone call made Home Manager, Carmen Andino.
09/03/2026	Contact - Telephone call made Recipient rights investigator, Kailyn Mack.
09/04/26	Exit conference Licensee designee Stella Obi.

09/08/2026	Contact-Telephone call made Guadian Legal assistant, Joanna Grager.
------------	--

ALLEGATION:

The home is filthy and has gnats, flies, and mice. There are bullet holes in the front window.

INVESTIGATION:

On 08/04/26, I conducted an unscheduled onsite inspection and interviewed staff, Onyedikaci Obi, interviewed Residents A-D, and licensee designee, Stella Obi, via telephone. Mr. Obi reported that the home is not filthy, does not have gnats, flies or mice. He also denied that there are bullet holes in the front window. I conducted a walkthrough of the entire home and did not observe any evidence of an insect or rodent problem or infestation. I did observe a few gnats flying around some bananas in the kitchen; however, it was not of concern. The home and resident bedrooms were clean and organized. Resident F loves shoes and there was an area in his room that was stacked with shoes. I recommended to Mr. Obi that staff arrange the shoes so that they do not become a trip hazard for Resident F. Mr. Obi reported that staff attempt to organize the shoes and room often, however, reports that Resident F rarely allows staff to enter his room. He reported that if Resident F was home, he would not have allowed me to enter his bedroom. I observed the front windows of the home and did not observe any bullet holes in the windows. There was a small crack in the outer windowpane of the front window closet to the front door. The small crack was not of any concern.

Mr. Obi called licensee designee, Stella Obi, and informed her of the allegations. Ms. Obi requested to speak with me. Ms. Obi reported that these allegations are frivolous and are from 2 former prospective staff. Ms. Obi reported that she had conditionally hired two females and after they intentionally missed their scheduled fingerprinting appointment, coupled with some other concerns she observed she decided not to hire them. Ms. Obi suspects they were upset and filed this complaint.

I interviewed Residents A and C-D. They are denied the allegations and reported that the staff clean the home and they clean their bedrooms. They all reported that staff also clean their bedrooms if needed. Resident A and C-D all denied that the home has an issue with gnats, flies and mice. Resident A reported that from time to time a fly may come in the facility from them going in and out, but there is no

infestation of any kind. They all denied observing any sort of hole in any of the windows.

I attempted to interview Resident B, however, he would not respond, got up from the couch and walked outside.

On 08/06/26, I received a call from assigned recipient rights investigator, Kailyn Mack. Ms. Mack reported that she was headed to the home and wanted to know if I could provide any additional information. I informed Ms. Mack of my observations from the onsite inspection I completed on 08/04/26.

On 09/03/26, I interviewed recipient rights investigator, Ms. Mack, and she reported that she is finishing up her investigation and will not be substantiating the allegations. She reported during her visit to the home she did not observe any concerns regarding the overall upkeep, nor did she observe any holes in any of the windows. Ms. Mack reported that she did attempt to observe Resident F's bedroom, however, he became aggressive and refused entry into his bedroom.

On 09/04/26, I conducted the exit conference with licensee designee, Stella Obi, and informed her of the findings of the investigation. Ms. Obi agreed with the findings.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on the findings of the investigation, which included interviews of staff, Onyedikaci Obi, licensee designee, Stella Obi, Resident's A, C-D, recipient rights investigator, Kailyn Mack and my observation, there is not a preponderance of evidence to substantiate the allegations that the home is filthy, has gnats, flies and mice, or a bullet hole in the front window. The housekeeping standards present a comfortable, clean and orderly appearance.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not fed nutritious meals and the food in the freezer is freezer burned.

INVESTIGATION:

On 08/04/26, I conducted an unscheduled onsite inspection and interviewed staff, Onyedikaci Obi, Residents A, C-D and observed the food supply. Mr. Obi reported that the residents are offered nutritious food and reported it is available in the home. He reported that some of the residents do not like fruits and vegetables and will request to eat the foods they like. Mr. Obi reported most of them are not picky and will eat what is prepared. Mr. Obi reported that fruits, vegetables, protein and carbohydrates are offered and prepared. He reported that the residents love to eat and will not hesitate to share what they eat when interviewed.

I interviewed Residents A, C-D and they all reported that the food served in the home is good. They reported that they eat three meals per day as well as snacks. They reported that there is always healthy options available and plenty of food. Resident A reported that just because its available doesn't always mean they want to eat it. Resident A reported people want what they want and it's their choice to eat pizza for some days instead of pork chops and salad or the other available options. Resident C added that they eat some type of salads a few days per week with chicken, beef, turkey or pork as their protein. He reported that there has never been a time when fruits and vegetables were not available, he reported they just may choose not to eat them. Resident D added that he had no complaints about the meals; however, reported he would love to have lobster, shrimp and ribs.

I observed the food supply and found it to be more than adequate. There were a variety of fresh and frozen vegetables, fresh fruit, and frozen beef, chicken, pork, and turkey. I also observed canned and boxed goods in the cabinets. I did not observe freezer burn on any frozen items and the meats that were not in their original packaging were labeled and dated.

On 09/03/26, I interviewed recipient rights investigator, Kailyn Mack. Ms. Mack reported that during her visit to the home she observed an adequate food supply for the number of residents and reported that all of the residents reported that the food in the home is plentiful and good.

On 09/04/26, I conducted the exit conference with licensee designee, Stella Obi, and informed her of the findings of the investigation. Ms. Obi agreed with the findings and reported that the residents are served nutritious meals and when they refuse to eat what's on the menu, there are other options available for them to eat.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(1) A licensee shall provide daily a minimum of 3 nutritious meals to residents.
ANALYSIS:	Based on the findings of the investigation, which included interviews with staff, Onyedikaci Obi, Resident's A, C-D, recipient rights investigator, Kailyn Mack, and my observation, there is not a preponderance of evidence to substantiate that the residents are not fed nutritious meals. Additionally, the food in the freezer did not contain freezer burn as alleged.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents' briefs aren't being changed regularly.

INVESTIGATION:

On 08/04/26, I conducted an unscheduled onsite inspection and interviewed staff, Onyedikaci Obi, interviewed Residents A, C-D, visually observed Resident B and reviewed his assessment plan. Mr. Obi reported that Resident B is the only resident in the home that wears briefs. He reported that Resident B also is able to independently use his urinal and tell/request staff assist him in the bathroom to urinate. Mr. Obi reported Resident A's briefs do not have to be changed often as he does not always have accidents that require them to be changed. Mr. Obi reported that they are checked regularly and if Resident B has an accident, he will tell the staff.

I attempted to interview Resident B, Resident B refused to answer my questions.

I interviewed Resident A, C-D and they all confirmed that Resident B is the only resident in the home that wears briefs. Resident A and D reported that Resident B also uses his urinal and the bathroom and that staff assist him as he uses a walker.

I reviewed Resident B's assessment plan dated 08/27/26. The plan documents that Resident B wears incontinent briefs, uses a urinal and requires staff assistance with toileting and ensuring cleanliness after using the restroom.

On 09/04/26, I conducted the exit conference with licensee designee, Stella Obi, and informed her of the findings of the investigation. Ms. Obi agreed with the findings

and reported that the staff take good care of Resident B and reported that they are all he has. Ms. Obi voiced her frustration regarding the allegations.

On 09/08/26, I interviewed legal assistant, Joanna Grager. Ms. Grager reported she works for Attorney, Thomas Fraser, who is the public guardian of Resident B. Ms. Grager reported being very familiar with Resident B and reported that he is purposefully incontinent and is able to use the bathroom if and when he chooses. She reported that Resident B uses a urinal and briefs because he will not consistently use the bathroom although he can. Ms. Grager reported that the staff have worked really well with Resident B and that they have no concerns regarding the care being provided in the home.

APPLICABLE RULE	
R 400.671	Resident care.
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Based on the findings of the investigation, which included interviews with staff, Onyedikaci Obi, Residents A, C-D, and legal assistant Joanna Grager, there is not a preponderance of evidence to substantiate that the staff are not changing Resident B's briefs regularly. Additionally, based on my review of Resident B's assessment plan, the licensee is providing supervision, protection and personal care as specified in his plan.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 08/04/26, I conducted an unscheduled onsite inspection and requested to review the current week menu. Staff, Onyedikaci Obi, provided the menu that was posted on the refrigerator and ended on 07/27/26. I informed Mr. Obi that menus must be

written at least 1 week in advance and posted. Ms. Obi reported an understanding, however, was unable to provide a current menu.

On 09/04/26, I conducted the exit conference with licensee designee, Stella Obi, and informed her of the findings of the investigation and the specific rule cited. Ms. Obi reported an understanding and reported that the menu should have been completed and posted as required.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(6) Menus, excluding special diets, must be written at least 1 week in advance and posted. Any change or substitution must be documented.
ANALYSIS:	Based on the findings of the investigation, which included my observation, and an interview with staff, Onyedikaci Obi, there is a preponderance of evidence to substantiate that the home did not have a menu written at least 1 week in advance and posted.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend the status of the license remains unchanged.



09/08/26

Pandrea Robinson
Licensing Consultant

Date

Approved By:



09/09/26

Ardra Hunter
Area Manager

Date