GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 21, 2026

Tosin Adigun
NGT Care Services LLC
39258 Avondale St
Westland, MI 48186

RE: Application #: AS820420304
NGT Care Home - Avondale
39258 Avondale Street
Westland, MI 48186

Dear Tosin Adigun:

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 **5** 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 #:	AS820420304
Licensee Name:	NGT Care Services LLC
Licensee Address:	39258 Avondale St Westland, MI 48186
Licensee Telephone #:	(281) 886-2475
Administrator/Licensee Designee:	Tosin Adigun
Name of Facility:	NGT Care Home - Avondale
Facility Address:	39258 Avondale Street Westland, MI 48186
Facility Telephone #:	(734) 714-6041
Application Date:	02/16/2026
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

02/16/2026	On-Line Enrollment
02/17/2026	PSOR on Address Completed
02/17/2026	Contact - Document Sent forms sent via email
04/16/2026	Contact - Document Received 1326/RI030
05/04/2026	Application Incomplete Letter Sent
06/15/2026	Contact - Document Received
07/09/2026	Contact - Document Received
08/11/2026	Contact - Document Received
09/10/2026	Application Complete/On-site Needed
09/10/2026	Inspection Completed-BCAL Sub. Compliance
10/05/2026	Inspection Completed On-site
10/05/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

NGT Care Home – Avondale is in a residential neighborhood located in Westland, MI. The area offers a convenient and diverse range of amenities with pharmacies such as CVS, R K Pharmacy, Daily Meds Pharmacy and Corewell Health Wayne Hospital all within a 10-mile radius. There are multiple restaurant and dining options, including Hook & Reel Cajun Seafood Bar, Westland Family Dining, Rocky's Family Dining, McDonald's, Burger King and Long John Silver's within miles of the facility. For recreational activities, parks like Garden City Park, Central City Park, Attwood Park, Westland Historic Village Park, MJR Westland, and Canton Public Library are relatively close to the home and offer opportunities for outdoor relaxation and enjoyment. NGT Care Home – Avondale has a driveway and street parking.

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

Tosin Adigun and Opeyemi Usman are the property owners. Verification of ownership has been verified by reviewing property taxes. Tosin Adigun and Opeyemi Usman

provided permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

NGT Care Home – Avondale is a single-family style home. The front and rear door are the two approved means of egress. The facility does not have wheelchair ramps at the two approved means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair.

The main level of the facility consists of a living room, dine-in kitchen, a full bathroom, half bath, and four bedrooms. The bathrooms contain 1 toilet, 1 sink, and 1 bathing fixture and mechanical fan for ventilation which is located off the main hallway by resident bedrooms and in the rear of the home. Each resident bedroom has at least one egress window.

The basement is finished. The basement contains a storage room, laundry room with gas-powered washer and dryer appliances, and storage room. The basement is not used for resident activities and does not have resident bedrooms.

The gas furnace and 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 was inspected on 08/09/2026 by a 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. The facility's clothes dryer is vented to the outside using permanent metal duct work.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 06/11/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, and similar spaced along with all areas that contain flame or heat producing equipment.

The facility's backyard is fenced; however, the applicant acknowledged an understanding that the gates must not be locking against egress. If secured fence, obtain variance prior to issuance of license and provide description of locking mechanisms.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds

1 South	9.75 x 10	98	1
2 South	8.33 x 10	83	1
3 West	10 x 10	100	1
4 West	13 x 12.17	158	2

The living, dining, and sitting room areas measure a total of **218** 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 **five (5)** 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 **five (5)** male and female ambulatory adults whose diagnosis is developmentally disabled, physically handicapped, aged and mentally impaired in the least restrictive environment possible.

NGT Care Services LLC promotes independence and social interaction with group activities, outings, house meetings, companionship and emotional support to combat isolation and depression. The program is designed to assist residents with their goals and objectives identified in their individual plan of service, behavioral plan and the licensing assessment. The licensee will provide individualized support modified to each resident's needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

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 shall provide or arrange transportation for residents.

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 NGT Care Services LLC, which is a Domestic Limited Liability Company that was established in Michigan, on 06/22/2023. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The Board of Directors of NGT Care Services LLC., have submitted documentation appointing Tosin Adigun as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for 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 05/12/2026 and verification baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee designee is currently the licensee designee of several other facilities and has many years of experience working as a direct care staff serving individuals with mental illness, developmentally disabilities, aged, and physically handicapped. 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 **5-bed** facility is adequate and includes a minimum of **1** staff –to- **5** 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 or will not 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 temporary license to this AFC adult small group home (capacity 1-5).



10/21/2026

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Denasha Walker Date
Licensing Consultant

Approved By:



10/21/2026

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Ardra Hunter Date
Area Manager