



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 3, 2018

Kemi Fabode  
Glory AFC Home, LLC  
26921 Kitch Road  
Inkster, MI 48141

RE: License #: AS820385058  
**Glory AFC Home**  
**26921 Kitch Road**  
**Inkster, MI 48141**

Dear Ms. Fabode:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. A six-month provisional license is recommended.

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 that reads "Regina Buchanan".

Regina Buchanan, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 949-3029

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820385058

**Licensee Name:** Glory AFC Home, LLC

**Licensee Address:** 26921 Kitch Road  
Inkster, MI 48141

**Licensee Telephone #:** (313) 551-3897

**Licensee/Licensee Designee:** Kemi Fabode

**Administrator:** Kemi Fabode

**Name of Facility:** Glory AFC Home

**Facility Address:** 26921 Kitch Road  
Inkster, MI 48141

**Facility Telephone #:** (313) 551-3897

**Original Issuance Date:** 10/02/2017

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/27/2018

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: N/A

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No residents
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No residents
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No residents
- Meal preparation / service observed? Yes  No  If no, explain.  
No residents
- Fire drills reviewed? Yes  No  If no, explain.  
No residents
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
No residents
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
No residents
- Incident report follow-up? Yes  No  If no, explain.  
N/A
- 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:

**MCL 400.713** License required; application; form; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; "completed application" defined.

**(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:**

**(a) The financial stability of the facility.**

**(b) The applicant's compliance with this act and rules promulgated under this act.**

**(c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.**

**(d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.**

**(e) The good moral character of the person responsible for the daily operations of the facility and all employees of the facility. The applicant shall be responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.**

No residents were admitted to the facility since the issuance of the license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received, issuance of a provisional license is recommended.



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Regina Buchanan  
Licensing Consultant

05/04/2018  
Date