



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 20, 2021

Inspiring Generations Home Care  
7439 Carrousel Blvd.  
Westland, MI 48185

RE: Application #: AS820404336  
**Inspiring Generations Home Care**  
**7439 Carrousel Blvd.**  
**Westland, MI 48185**

Dear Inspiring Generations Home Care:

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 4 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,

A handwritten signature in cursive script, appearing to read "Denasha Walker".

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
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**

<b>License #:</b>	AS820404336
<b>Licensee Name:</b>	Inspiring Generations Home Care
<b>Licensee Address:</b>	7439 Carrousel Blvd. Westland, MI 48185
<b>Licensee Telephone #:</b>	(734) 262-5049
<b>Administrator/Licensee Designee:</b>	Yolanda Hooks
<b>Name of Facility:</b>	Inspiring Generations Home Care
<b>Facility Address:</b>	7439 Carrousel Blvd. Westland, MI 48185
<b>Facility Telephone #:</b>	(734) 743-3061 04/20/2020
<b>Application Date:</b>	
<b>Capacity:</b>	4
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

04/20/2020	On-Line Enrollment
04/27/2020	Contact - Document Sent Forms sent
05/13/2020	Contact - Document Received Updated app, RI030, AFC 100 and 1326
05/21/2020	Application Incomplete Letter Sent
06/25/2020	Comment Enrollment documentation received
09/09/2020	Contact - Document Received Revised enrollment documentation received
10/02/2020	Inspection Completed On-site
10/02/2020	Inspection Completed-BCAL Sub. Non-Compliance
12/08/2020	Inspection Completed On-site Additional repairs need to be completed including fire door, smoke detection system need to be hard wired and permanent vent in the heating plant leading outside.
12/23/2020	Inspection Completed On-site
12/23/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Inspiring Generations Home Care is located in a residential area of Metro Detroit. The home address is 7439 Carrousel Blvd. Westland, MI 48185; Wayne County. The ranch style home has tan brick and siding finish with an attached garage. The home has three bedrooms, kitchen, dining area, family room, living room and two bathrooms, one of which is located in the resident's bedroom. The main entrance and back door are the two approved means of egress, both of which are equipped with wheelchair ramps. The main entrance leads into the living room area and the back door exits into the garage, the home as a fenced backyard. The home utilizes public water and sewage disposal.

The home is wheelchair accessible and can accommodate wheelchairs.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Southeast	9.83 x 10.42	102	1
Southeast	9.92 x 11.75	117	1
Northwest	10.92 x 11.92	132	2

The living, family, and dining room areas measure a total of 434 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **four (4)** 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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **four (4)** male and female ambulatory adults whose diagnosis is aged and/or Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is Yolanda Hooks intent to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. These resources provide an

environment to enhance the quality of life and/or increase the independence of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is INSPIRING GENERATIONS HOME CARE, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 04/15 /2020. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

INSPIRING GENERATIONS HOME CARE, L.L.C., is a single member “Domestic Limited Liability Company”. Yolanda Hooks has submitted documentation appointing herself as the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to- 4 residents per shift. All staff shall be awake during sleeping hours.

Yolanda Hooks acknowledges an understanding of the training and qualification 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.

Yolanda Hooks 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](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

Yolanda Hooks 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, Yolanda Hooks 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.

Yolanda Hooks acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, Yolanda Hooks acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

Yolanda Hooks acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Yolanda Hooks indicated that it is their intent to achieve and maintain compliance with these requirements.

Yolanda Hooks 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. Yolanda Hooks 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.

Yolanda Hooks acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Yolanda Hooks acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, Yolanda Hooks acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

Yolanda Hooks 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 adult foster care small group home (capacity 1-4).



1/15/2021

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Denasha Walker  
Licensing Consultant

Date

Approved By:



1/20/2021

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Ardra Hunter  
Area Manager

Date