



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

November 19, 2024

Cynthia Francis  
Real Peoples Cares  
15329 Fielding Street  
Detroit, MI 48223

RE: License #: **AS820416670**  
**Real People Cares**  
**15329 Fielding Street**  
**Detroit, MI 48223**

Dear Cynthia Francis:

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,

A handwritten signature in dark ink, appearing to read 'Denasha Walker', with a stylized, cursive script.

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

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

**I. IDENTIFYING INFORMATION**

|                                    |  |
|------------------------------------|--|
| <b>License#:</b>                   | AS820416670                                    |
| <b>Licensee Name:</b>              | Real Peoples Cares                             |
| <b>Licensee Address:</b>           | 15329 Fielding Street<br>Detroit, MI 48223     |
| <b>Licensee Telephone #:</b>       |  |
| <b>Licensee/Licensee Designee:</b> | Cynthia Francis                                |
| <b>Administrator:</b>              | Cynthia Francis                                |
| <b>Name of Facility:</b>           | Real People Cares                              |
| <b>Facility Address:</b>           | 15329 Fielding Street<br>Detroit, MI 48223     |
| <b>Facility Telephone #:</b>       | (313) 766-5227                                 |
| <b>Original Issuance Date:</b>     | 05/15/2024                                     |
| <b>Capacity:</b>                   | 3  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>MENTALLY ILL<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No residents in care during this renewal period.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒  
If no, explain. No residents in care during this renewal period.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
No residents in care during this renewal period.
- 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; forms; 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; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "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. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. 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 licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is 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.**

Since the issuance of a temporary license to you on 05/15/2024 no residents have been admitted to this licensed adult foster care facility. As a result of there being no residents admitted to your adult foster care facility during the temporary license period, the department is not able to determine your compliance with Act 218 or the adult foster care rules related to resident care and services.

#### **IV. RECOMMENDATION**

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



11/06/2024

Denasha Walker  
Licensing Consultant

Date

Approved by:



11/19/2024

Ardra Hunter  
Area Manager

Date