



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 14, 2025

Ikeya Powell
Truth Helping Care LLC
18221 Littlefield St
Detroit, MI 48235

RE: License #: AS820418626
Oakwood Home
28603 Oakwood St.
Inkster, MI 48141

Dear Ikeya Powell:

Attached is the Licensing Study Report for the above referenced facility. 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) 456-0439.

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 #:	AS820418626
Licensee Name:	Truth Helping Care LLC
Licensee Address:	18221 Littlefield St Detroit, MI 48235
Licensee Telephone #:	(248) 835-7689
Licensee/Licensee Designee:	Ikeya Powell
Administrator:	Ikeya Powell
Name of Facility:	Oakwood Home
Facility Address:	28603 Oakwood St. Inkster, MI 48141
Facility Telephone #:	(734) 331-3858
Original Issuance Date:	02/04/2025
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): N/A-No residents

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

Date of Health Authority Inspection if applicable: N/A

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.
- 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.
None
- 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.

I was unable to investigate the activities and standards of care because no residents were admitted to the facility, since the issuance of the license on 02/04/2025.

IV. RECOMMENDATION

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



Regina Buchanan
Licensing Consultant

08/08/2025
Date

Approved by:



Ardra Hunter
Area Manager

08/14/2025
Date