



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 30, 2017

Michael Ojomolade  
Glamike Cares Inc  
31451 Grandview Ave.  
Westland, MI 48186

RE: Application #: AS820386017  
**Clair Home**  
**710 Clair Street**  
**Inkster, MI 48141**

Dear Mr. Ojomolade:

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 blue ink that reads "K. Robinson".

K. Robinson, LMSW, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Suite 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 919-0574

enclosure

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

**I. IDENTIFYING INFORMATION**

**LicenseApplication #:** AS820386017

**Applicant Name:** Glamike Cares Inc

**Applicant Address:** 31451 Grandview Ave.  
Westland, MI 48186

**Applicant Telephone #:** (734) 664-5877

**Administrator/Licensee Designee:** Michael Ojomolade, Designee

**Name of Facility:** Clair Home

**Facility Address:** 710 Clair Street  
Inkster, MI 48141

**Facility Telephone #:** (734) 331-9423

**Application Date:** 12/12/2016

**Capacity:** 4

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

## II. METHODOLOGY

12/12/2016	Enrollment
12/15/2016	Contact - Document Sent Rules and Act books sent to applicant
12/15/2016	Application Incomplete Letter Sent Bcal 1326 for Michael Ojomolade and Natasha Coleman. RI-030 for Michael Ojomolade.
12/20/2016	Contact - Document Received Via fax verification of IRS letter for Federal ID number.
12/20/2016	Contact - Telephone call made Called and talked with Michael about BCAL-1326 and RI-030 form. I wanted to explain that Michael is the only one needing the live scan fingerprints but both need the BCAL-1326 for record clearances.
12/20/2016	Contact - Document Received Via fax received BCAL-1326 for I. Ojomolade and N. Coleman. RI-030 for I.Ojomolade
12/20/2016	Lic. Unit file referred for background check review I-chat hit referral for N. Coleman to C. Gandhi
01/23/2017	File Transferred To Field Office Detroit
02/01/2017	App assigned to K. Robinson for processing
03/06/2017	Application Incomplete Letter Sent
06/15/2017	Inspection Completed On-site Multiple physical plant violations exist
07/19/2017	Inspection Completed On-site Fire door does not meet the requirements Outstanding paperwork needs to be submitted, including but not limited to training verification, appointment letters, and medical info
08/10/2017	Inspection Completed-BCAL Full Compliance
10/06/2017	Application Complete Received final supporting docs with updated physical and program statement via fax

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Clair Home sits on a corner lot in a residential neighborhood. This single story home is comprised of a living room/dining room combo, 3 bedrooms, 1 full bath, kitchen, and unfinished basement. There is a detached garage located off the backyard.

The home cannot accommodate persons who require the regular use of a wheelchair. There are no wheelchair ramps attached to the property.

The furnace and hot water heater are located in the basement. The steel fire door is located at the top of the basement stairs. It has a 90-minute fire resistant rating and comes equipped with an automatic self-closing device and positive latching hardware. The facility has an interconnected smoke detection system that is hardwired to the home's electrical system. It 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
1	10.83 X 10.5	114	1
2	12.58 X 10.83	136	2
3	10.5 X 9.83	103	1

The living and dining rooms measure a total of 240 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 or female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, 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. Residents will be referred from: (BHPI, Carelink Consumer Link, and Synergy Partners).

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 the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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

The applicant is Glamike Cares, Inc., which is a Domestic Nonprofit Corporation was established in Michigan on 6/26/15. 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.

The Board of Directors of Glamike Cares, Inc. has submitted documentation appointing Michael Ojomolade as Licensee Designee for this facility and Natasha Coleman as the 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.

The applicant 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.

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](http://www.miltcpartnership.org)), Identego™ (formerly L-1 Identity Solutions ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant 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.

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

The applicant 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, the applicant 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.

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.

