



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 17, 2021

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

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

Dear Mr. Ojomolade:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 blue ink that reads "K. Robinson".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS820386017

**Licensee Name:** Glamike Cares Inc

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

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

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

**Administrator:** Natasha Coleman

**Name of Facility:** Clair Home

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

**Facility Telephone #:** (734) 895-7373

**Original Issuance Date:** 10/30/2017

**Capacity:** 4

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2021, 12/16/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 01  
No. of residents interviewed and/or observed 03  
No. of others interviewed 01 Role: licensee designee

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Due to the Covid-19 pandemic, face-to-face contact was limited to mitigate risks.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



12/17/21

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Kara Robinson  
Licensing Consultant

Date