



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 1, 2023

Jean Nyambio  
Detroit Family Home, INC.  
Suite 202  
17356 W. 12 Mile Road  
Southfield, MI 48076

RE: License #: AS820412273  
**Detroit Family Home- B2**  
**2475 Calvert St.**  
**Detroit, MI 48206**

Dear Mr. Nyambio:

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**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS820412273   |
| <b>Licensee Name:</b>              | Detroit Family Home, INC.   |
| <b>Licensee Address:</b>           | Suite 202<br>17356 W. 12 Mile Road<br>Southfield, MI 48076              |
| <b>Licensee Telephone #:</b>       | (301) 332-3609  |
| <b>Licensee/Licensee Designee:</b> | Jean Nyambio, Designee  |
| <b>Administrator:</b>              | Jean Nyambio  |
| <b>Name of Facility:</b>           | Detroit Family Home- B2   |
| <b>Facility Address:</b>           | 2475 Calvert St.<br>Detroit, MI 48206                                   |
| <b>Facility Telephone #:</b>       | (313) 733-6381  |
| <b>Original Issuance Date:</b>     | 12/15/2022  |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>TRAUMATICALLY BRAIN INJURED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/18/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Home Manager

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.  
Breakfast served prior to my arrival.
- 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.  
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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

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



6/1/23

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Kara Robinson  
Licensing Consultant

Date