



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 21, 2023

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 Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

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): 12/19/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 01

No. of residents interviewed and/or observed 04

No. of others interviewed 01 Role: Licensee designee

- 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.
- 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:
2021: 14 rule violations 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:

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident LL physicals are dated 9/9/22 and 12/8/23; therefore, the 2023 health care appraisal was completed late.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/26/21. The licensee submitted an approved plan of correction, but based on these findings, Mr. Ojomolade has yet to implement the plan successfully.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

AFC Assessment Plans are incomplete; Medications are not listed on page 3.

- FH's assessment plan completed at admission is not signed by the resident.
- LL's last 2 assessment plans are both dated 9/1/22. The licensee indicated the last assessment should have been dated 9/1/23.
- Observed the signature pages are copies, rather than original documents. It appears the licensee uses copies instead of obtaining new signatures for all applicable parties involved.

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/26/21. The licensee submitted an approved plan of correction, but based on these findings, Mr. Ojomolade has yet to implement the plan successfully.

R 400.14402 Food service.

(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.

Observed the kitchen lacked sufficient cutlery (cups and silverware).

This is a **REPEAT VIOLATION**; See Renewal LSR dated 5/26/21. The licensee submitted an approved plan of correction, but based on these findings, Mr. Ojomolade has yet to implement the plan successfully.

A corrective action plan was requested and approved on 12/19/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



12/21/23

Kara Robinson
Licensing Consultant

Date