



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 9, 2025

Keyarra Powell
Genuine Home Care LLC
6164 Coolidge
Dearborn Heights, MI 48127

RE: License #: AS820418748
Investigation #: 2025A0119042
Ross Home

Dear Ms. Powell:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 456-0439.

Sincerely,

A handwritten signature in cursive script that reads "Shatonla Daniel".

Shatonla Daniel, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-3003

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 BUREAU OF COMMUNITY AND HEALTH SYSTEMS
 SPECIAL INVESTIGATION REPORT
 THIS REPORT CONTAINS PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AS820418748
Investigation #:	2025A0119042
Complaint Receipt Date:	07/11/2025
Investigation Initiation Date:	07/15/2025
Report Due Date:	09/09/2025
Licensee Name:	Genuine Home Care LLC
Licensee Address:	6164 Coolidge Dearborn Heights, MI 48127
Licensee Telephone #:	(313) 588-1350
Administrator:	Keyarra Powell
Licensee Designee:	Keyarra Powell
Name of Facility:	Ross Home
Facility Address:	25937 Ross St Inkster, MI 48141
Facility Telephone #:	(313) 395-2140
Original Issuance Date:	04/16/2025
License Status:	TEMPORARY
Effective Date:	04/16/2025
Expiration Date:	10/15/2025
Capacity:	3

Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
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II. ALLEGATION(S)

	Violation Established?
Staff- Daria James punched Resident A in the face during an argument, causing injury to Resident A.	Yes

III. METHODOLOGY

07/11/2025	Special Investigation Intake 2025A0119042
07/15/2025	Referral- Recipient Rights Made
07/15/2025	APS Referral Received
07/15/2025	Special Investigation Initiated - Telephone Complainant
07/15/2025	Contact - Telephone call made Licensee Designee/ Administrator- Keyarra Powell Resident A's case manager- Endia Ford, DHHS
07/18/2025	Contact - Face to Face Resident A
08/01/2025	Inspection Completed-BCAL Sub. Compliance No contact at the facility
08/02/2025	Contact- Document Received Staff Schedule
08/06/2025	Contact - Telephone call made Staff- Daria James
08/06/2025	Contact- Document Received Police Report from Staff- Daria James
09/05/2025	Contact - Telephone call made Staff- Valencia Thompson

09/05/2025	Exit Conference Licensee Designee- Keyarra Powell

ALLEGATIONS:

Staff- Daria James punched Resident A in the face during an argument, causing injury to Resident A.

INVESTIGATION:

On 07/15/2025, I telephoned the complainant and interviewed the complainant regarding the above allegations. The complainant stated she was previously employed at the Ross home and was subsequently fired from the facility after witnessing Staff- Daria James punch Resident A. The complainant stated she was coming into the home to begin her shift, and Resident A was in a bad mood. The complainant stated she heard Daria ask Resident A to move a chair that had her feet placed on. The complainant stated Resident A replied to Daria that she would move the chair when she got ready. The complainant stated she observed Daria pull the chair from under Resident A and punch Resident A in the face. She stated the incident took place on 07/07/2025. The complainant stated Resident A broke her glasses during the altercation. The complainant stated a few days later Resident A was removed from the home, and she [complainant] was fired. The complainant stated Daria is the owner's sister.

On 07/15/2025, I telephoned and spoke with Licensee Designee/ Administrator- Keyarra Powell to obtain Resident A's contact information and guardian information. Keyarra stated Resident A was no longer in the facility and provided the contact information for Resident A's case manager. Keyarra indicated Resident A does not have a guardian. Keyarra stated she does not have any resident in the home at time. On the same day, I telephoned and interviewed Resident A's case manager- Endia Ford with DHHS regarding the allegations. Endia stated she was informed by Resident A that she got into a physical altercation with a staff in the facility. Endia stated Resident A reported that staff hit her in the face and broke her glasses. Endia stated the facility notified her of the incident, but the facility made it appear that Resident A was more of an aggressor. Endia stated Resident A disclosed to her that the staff was related to the owner. Endia stated Resident A stated the staff told her that they would retaliate against her. Endia stated Resident A went to see her therapist at Lincoln Behavioral and refused to return to the facility on 07/10/2025. Endia stated Resident A was moved to another facility.

On 07/18/2025, I completed a face-to-face interview with Resident A regarding the above allegations. Resident A stated when she got off the phone with her social worker, she was irritated because things were not clear to her regarding

transportation to school and other places. Resident A swore at Daria because she was upset and they began to argue back and forth. Resident A stated another staff came into the home while they were arguing. Resident A stated she was sitting on the couch with her feet propped in a chair. Resident A stated Daria told her "Bitch, I'm about to show you something." Resident A stated that Daria punched her in the face, which scared her and broke her glasses. Resident A stated they started fighting and the other staff broke up their fight. Resident A stated a staff was there to witness the physical altercation.

On 08/02/2025, I attempted an onsite inspection and there was no contact at the facility. I left a card at the facility. On this same date, I received a copy of the staff schedule. The staff schedule shows one staff on per shift at 7:00 a.m. to 3:00 p.m., 3:00 p.m. to 11:00 p.m. and 11:00 p.m. to 7:00 a.m. On 7/07/2024, only three staff worked for a 24-hour period.

On 08/06/2025, I telephoned and interviewed Staff- Daria James regarding the above allegations. Daria stated Resident A was exhibiting a behavior after getting off the phone with her social worker. Daria stated Resident A got off the phone and was yelling and cursing. Daria stated Resident A began cursing her for failing to transport her to her appointment at school. Daria stated Resident A threatened to fight her and was becoming increasingly agitated. Daria stated Resident A was pacing the floor. Daria stated she left her in the living area and continued to clean the home. Daria stated Resident A was asked to move a chair and then Resident A began hitting her in the face. Daria stated Resident A slammed her on the couch and was on top of her. Daria admits to moving her body and pushing Resident A off of her in order to get away from Resident A. Daria stated Resident A pulled her hair out and blacked her eye. Daria stated she completed an incident report, took pictures of herself and made a police report as well. Daria stated there were no other staff present during this incident. Daria stated she ran outside the home in order to calm down the situation. Daria denies going to the hospital after the incident.

On 08/06/2025, I received a police report made by Staff- Daria James. The police report is dated 07/24/2025.

On 09/05/2025, I telephoned and interviewed Staff- Valencia Thompson regarding the above allegations. Valencia stated she was not working at the time of the incident. Valencia stated she has never witnessed Daria hit another resident.

On 09/05/2025, I completed an exit conference with Licensee Designee- Keyarra Powell regarding the above allegations. Keyarra stated she was told that Resident A hit her staff. Keyarra stated she was not present in the home during the altercation but she did speak with Resident A on the same day of the incident. Keyarra stated Resident A never told her that Daria hit her. Keyarra stated Daria is a one of her relatives.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	<p>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</p> <p style="padding-left: 40px;">(b) Use any form of physical force other than physical restraint as defined in these rules.</p>
ANALYSIS:	<p>The complainant stated she was previously employed at the Ross home where she witnessed the Staff- Daria James punch Resident A in the face.</p> <p>Resident A's case manager- Endia Ford with DHHS stated she was informed by Resident A that she got into a physical altercation with a staff in the facility. Endia stated Resident A reported that staff hit her in the face and broke her glasses.</p> <p>Resident A stated that Daria punched her in the face, which scared her and broke her glasses. Resident A stated they started fighting and the other staff broke up their fight. Resident A stated a staff was present during the altercation.</p> <p>Therefore, there is sufficient evidence to support Resident A was punched by Staff- Daria James.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon an acceptable corrective action, I recommend that the status of the license remains the same.



09/05/2025

Shatonla Daniel
Licensing Consultant

Date

Approved By:



09/09/2025

Ardra Hunter
Area Manager

Date