GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2026

Vikita Franklin
Tranquil Hearts Home Care LLC
24240 Kenosha St
Oak Park, MI 48237

RE: Application #: AS820419456
Tranquil Hearts Home Care
20488 Ohio St.
Detroit, MI 48221

Dear Vikita Franklin:

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 3 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,

Denasha Walker, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
3026 W Grand Blvd
Detroit, MI 48202
(313) 300-9922

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820419456
Applicant Name:	Tranquil Hearts Home Care LLC
Applicant Address:	20488 Ohio St. Detroit, MI 48221
Applicant Telephone #:	(248) 506-6289
Administrator/Licensee Designee:	Vikita Franklin, Designee
Name of Facility:	Tranquil Hearts Home Care
Facility Address:	20488 Ohio St. Detroit, MI 48221
Facility Telephone #:	(248) 721-7077
Application Date:	04/22/2025
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/22/2025	Enrollment
04/22/2025	Application Incomplete Letter Sent requested updated 1326A only and IRS letter
04/22/2025	PSOR on Address Completed
04/22/2025	Contact - Document Sent forms sent
04/24/2025	Contact - Document Received EIN and 1326A
04/25/2025	Application Incomplete Letter Sent
05/22/2025	Contact - Document Received
06/06/2025	Contact - Document Received
07/08/2025	Contact - Document Received
07/15/2025	Inspection Completed On-site
07/15/2025	Inspection Completed-BCAL Sub. Compliance
09/09/2025	Contact - Document Received
09/09/2025	Inspection Completed On-site
09/15/2025	Inspection Completed On-site
11/03/2025	Contact - Document Received
03/27/2026	Contact - Document Received
05/04/2026	Contact - Document Received
05/21/2026	Contact - Document Received
05/28/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Tranquil Hearts Home Care is located in a suburban residential neighborhood in Detroit, MI. Tranquil Hearts Home Care is in a part of Detroit that offers a convenient and diverse range of amenities with pharmacies such as Kroger Pharmacy (less than a mile away), Meijer Pharmacy (2.5 miles away) and DMC Sinai Grace Hospital (3 miles away). There are multiple dining options, including various restaurants like La Dolce Vita fine dining, 8 Mile Grill & Restaurant, and fast-food chain including Burger King, Wendy's and KFC within miles of the facility. For recreational activities, parks like Best Park, Palmer Park, Northwest Activity Center, Detroit Zoo, and the Michigan Science Center are relatively close to the home and offer opportunities for outdoor relaxation and enjoyment.

The home is owned by Vikita Franklin as confirmed by property taxes. There is a lease to Tranquil Hearts Home Care LLC which was received. Permission was granted from Vikita Franklin for the home to operate as an Adult Foster Care facility and for Licensing and Regulatory Affairs to inspect the property.

Tranquil Hearts Home Care is a single-family ranch style home. The front and rear door are the two approved means of egress. The home consists of a living room, dine-in kitchen, three resident bedrooms, one full bathroom and a laundry room. The bathroom consists of toilet, sink, a tub/shower combination, window and a mechanical fan for ventilation. The home does not have exits at grade or ramps located at two approved means of egress on the main floor. The home is not wheelchair accessible at this time and cannot accept residents who require the regular use of a wheelchair. The home utilizes public water and sewer. There is a driveway, as well as on-street parking. The facility's backyard is surrounded by a fence however; the applicant acknowledged an understanding the gates must not be locking against egress.

The gas furnace and hot water heater, in addition to the gas washer and dryer, are located on the facility's main floor in a room constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The furnace and water heater were inspected 06/12/2025 by licensed professional, and both were determined to be in good condition and functioning properly. The facility's clothes dryer is vented to the outside using permanent metal duct work. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on the main floor.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup. The system was inspected and was determined to be fully operational and in good condition. Smoke detectors are in all required areas.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1 West	8.5 x 9.5	81	1
2 North	9.5 x 10.42	99	1
3 East	10.33 x 10.42	108	1

The living, dining, and sitting room areas measure a total of **184** square feet of living space. This exceeds the minimum of **35** square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **three (3)** 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to three male and female, ambulatory, adult whose diagnosis is developmentally disabled, mentally impaired, traumatic brain injury, and/or Alzheimer in the least restrictive environment possible.

The home's program is designed to enhance the quality of life and independence for residents. This program will include personalized care including assistance with activities of daily living, personal adjustment, independent living skills, social activities in the facility and in the community.

The home's program is designed to enhance the quality-of-life for residence diagnosed with Alzheimer's disease, dementia, or related cognitive impairments who require a safe, structured, and supportive environment. The purpose of this program is to promote cognitive stimulation and emotional well-being' encourage creativity and self-expression, support social engagement and meaningful activity, reduce anxiety, agitation, and isolation, celebrate resident accomplishments and individuality and create positive experiences for residents and families.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents for placement from local Detroit Wayne Integrated Health Network, programs and agencies working with vulnerable/aged adults, local community mental health, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Tranquil Hearts Home Care, L.L.C., which is a “Domestic Limited Liability Company”, was established in Michigan, on 12/10/2020. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The applicant has submitted documentation as a sole member of Tranquil Hearts Home Care, L.L.C., appointing Vikita Franklin as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for licensee designee and administrator. Vikita Franklin submitted a medical clearance with a statement from a physician documenting his good health and verification he has a baseline screening for communicable diseases and records of illness on hiring.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. The licensee designee has over 13 years of experience working in long-term care, rehabilitation, hospice, and home health settings providing direct care to individuals with mental illness, developmentally disabilities, traumatic brain injury, and/or Alzheimer. The licensee designee is a Licensed Practical Nurse (LPN) and a Certified Dementia Practitioner. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The licensee designee also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 3-bed facility is adequate and includes a minimum of 1 staff –to- 3 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision,

protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training 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) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 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 Violation

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-3).

06/05/2026

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Denasha Walker Date
Licensing Consultant

Approved By:

06/09/2026

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Ardra Hunter Date
Area Manager