



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 27, 2017

Yewande Okubanjo
PO Box 4625
East Lansing, MI 48826

RE: Application #: AS330387746
Shalom Adult Foster Care
507 West Barnes Avenue
Lansing, MI 48910

Dear Ms. Okubanjo:

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 4 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Barner".

Leslie Barner, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS330387746
Applicant Name:	Yewande Okubanjo
Applicant Address:	507 West Barnes Avenue Lansing, MI 48910
Applicant Telephone #:	(404) 992-2222
Administrator	Olufemi Okubanjo
Licensee Designee:	Yewande Okubanjo
Name of Facility:	Shalom Adult Foster Care
Facility Address:	507 West Barnes Avenue Lansing, MI 48910
Facility Telephone #:	(404) 992-2222
Application Date:	03/31/2017
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/23/2017	Comment FP's for Yewande
03/31/2017	Enrollment
04/05/2017	PSOR on Address Completed
04/05/2017	Contact - Document Sent Rule & Act booklets
04/05/2017	Application Incomplete Letter Sent
04/13/2017	Contact - Document Received
04/14/2017	Application Incomplete Letter Sent
04/24/2017	Contact - Document Received
04/24/2017	Application Incomplete Letter Sent Rec cl for Tolu & Abi
05/05/2017	Contact - Document Received Rec cl's for Tolu (Toluwanimi) & Abi (Abraham)
06/27/2017	Application Incomplete Letter Sent
08/01/2017	Application Complete/On-site Needed
08/09/2017	Inspection Completed-BCAL Sub. Compliance
08/09/2017	Confirming Letter Sent
09/01/2017	Inspection Completed On-site
09/07/2017	Inspection Completed On-Site
09/07/2017	Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a two-story vinyl sided home located within the city of Lansing, MI. There are three bedrooms in the home, all designated for resident use, and all located on the second story of the home. There is one full bathroom and one half-bathroom in the home, both designated for resident use. The full bathroom is located on the second floor of the home, in close proximity to the resident bedrooms. The half bath is located on the main floor of the facility. The home is also equipped with a living area, dining area, kitchen, and laundry room, all located on the main floor of the home. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The electric furnace and hot water heater are located in the basement of the home. There is a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware that separates the basement from the rest of the home.

The facility is equipped with battery-powered, single-station smoke detectors, which have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9' 5" X 11' 0"	104	1
2	9' 8" X 10' 0"	97	1
3	16' 2" X 10' 2"	164	2

The indoor living and dining areas measure a total of 368 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 4 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 4 male or female residents who are aged and/or developmentally disabled. The program will include opportunities for social interaction such as attending events at local parks, fishing, shopping, and in-home activities such as movies and games to promote positive social interaction. The program will include skills training to develop personal hygiene, personal adjustment, public safety and independent living skills such as medication management, cooking, laundry, social skills, budgeting, and decision-making. The program will include staff supervision of residents in the community, as needed, and

facilitation of all medical appointments. The program will include assistance with all activities of daily living including feeding, bathing, dressing, grooming, hygiene, and toileting. The program will include the opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Ingham County DHHS, Community Mental Health, Tri-County Office on Aging, and residents with private sources for payment.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools, parks and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents along with outside employment.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. The applicant, Yewande Okubanjo completed a certified nursing assistant program wherein she received formal training on respiratory systems, musculoskeletal systems, digestive systems, urinary systems, cardiovascular systems and other body systems. Ms. Okubanjo learned the proper method to handle specimens and also instruction on practical, hands-on tasks such as dressing and undressing residents and skin care. Ms. Okubanjo has worked directly with residents who are aged or developmentally disabled as a home health care provider. Ms. Okubanjo stated due to this experience, she is skilled in resident care including medication administration, transfer techniques, behavior management, assisting with activities of daily living, responding to dietary needs, understanding and providing care according to the care plan, and communicating with and providing companionship to people who are aged and/or have developmental disabilities.

The administrator Olufemi Okubanjo stated his prior work as a hospital pharmacist and clinical research associate have given him specialized training and direct interactions with individuals who are aged and/or developmentally disabled. Mr. Okubanjo stated as a hospital pharmacist he counseled individuals, gathered history, assessed medical

information, and coordinated all health care needs, including follow-up care. Mr. Okubanjo stated as a hospital pharmacist, he developed expertise in medication administration, various diagnoses and the medications prescribed for those diagnoses, potential drug interactions, potential drug side effects and complications, and helping individuals understand the conditions under which the medication was prescribed. Mr. Okubanjo stated that while working in the hospital, he also provided 1:1 medical care for individuals who transitioned home from the hospital. Ms. Okubanjo provided personal care and assistance with activities of daily living, assisted with transferring and ambulation, ensured dietary needs were met, ensured safety of the environment, and communicated with loved ones.

The staffing pattern for the original license of this 4 bed facility is adequate and includes a minimum of 1 staff member for 4 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant(s) acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may not be admitted to the facility, as all resident bedrooms are located one the second floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of four (4) residents.



09/19/2017

Leslie Barner
Licensing Consultant

Date

Approved By:



09/27/2017

Dawn N. Timm
Area Manager

Date