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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 22, 2019

Kehinde Ogundipe
Eden Prairie Residential Care, LLC
302 Welch Blvd.
Flint, MI 48503

RE: Application #: AS250395660
Welch Home II
317 Welch Blvd.
Flint, MI 48503

Dear Mr. Ogundipe:

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 6 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250395660

Applicant Name: Eden Prairie Residential Care, LLC

Applicant Address: 302 Welch Blvd.
Flint, MI 48503

Applicant Telephone #: (214) 250-6576

Administrator/Licensee Designee: Kehinde Ogundipe, Designee

Name of Facility: Welch Home II

Facility Address: 317 Welch Blvd.
Flint, MI 48503

Facility Telephone #: (214) 250-6576
08/06/2018

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODOLOGY

08/06/2018	Enrollment
08/06/2018	Contact - Document Received 1326 & RI-030
08/06/2018	File Transferred to Field Office Flint
08/06/2018	Contact - Document Sent rule and act books
09/04/2018	Application Incomplete Letter Sent
09/12/2018	Contact - Document Received Received some required paperwork from applicant. More is needed before inspection.
10/16/2018	Contact - Document Sent E-mailed exchanged with applicant regarding additional paperwork that is needed for the file and before an inspection is made.
02/13/2019	Inspection Completed-BCAL Sub. Compliance
02/19/2019	Application Complete/On-site Needed
02/19/2019	Inspection Completed-BCAL Full Compliance
02/21/2019	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Welch Home II is a two-story home that is located on a city lot in Flint, MI. There is a two-car detached garage located behind the home, which has room for storage. The home has an adequate size driveway for parking space for staff and visitors. This property is currently owned by the licensee designee, Kehinde "Ken" Ogundipe.

The main level of the home consists of a living room, kitchen, dining room, sun room, one half bath, one staff bedroom, and a staff office. The facility has a total of two exits, one at the front and one in the rear of the facility. There are multiple steps and a large cement covered porch at the front entrance. There are multiple steps inside the home leading to the rear exit, which is at grade and exiting to the backyard.

The second level of the home consists of four resident bedrooms and one full bath.

The home's furnace and hot water heater are located in the basement of the facility and are separated from residents by a fully stopped, fire rated door that is equipped with an automatic self-closing device and positive-latching hardware. The furnace was last inspected by a certified HVAC technician on 2/12/19. Also located in the basement is a washing machine and dryer for laundry. There is at least one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	12' 1" x 21' 3" = 257 square feet	
Dining area	13' 5" x 12' = 161 square feet	
Bedroom #1-2 nd floor	12' x 9' 1" = 109 square feet	1 resident
Bedroom #2-2 nd floor	12' x 14' 1" = 169 square feet	2 residents
Bedroom #3-2 nd floor	12' x 12' 2" = 146 square feet	2 residents
Bedroom #4-2 nd floor	12' 1" x 10' 6" = 126 square feet	1 resident
Staff bedroom	14' 2" x 8' 6" = 120 square feet	

The home has a public water supply and public sewage disposal system. All of the water pipes inside the home and from the home to the road have been replaced. The home is also utilizing appropriate water filters.

B. Program Description

Welch Home II has the capacity to provide 24-hour supervision, protection and personal care for up to six (6) male and/or female ambulatory adults, whose diagnosis is aged, mentally ill, and/or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs. If required, behavioral and/or crisis intervention programs will be developed as identified in the assessment plan. These programs will be implemented by only trained staff, and only with the prior approval of the resident, guardian and the responsible agency. Welch Home II will ensure that the resident's transportation and medical needs are met. Welch Home II has transportation available for residents to access community-based resources and services. The home will make provision for a variety of leisure and recreational equipment. It is the intent of the home to utilize local community resources including public schools and libraries, local museums, shopping centers and local parks. The home plans to contract with several community mental health organizations. This home is currently not wheelchair accessible.

C. Applicant/ Licensee Designee and Administrator Qualifications

Eden Prairie Residential Care LLC is the applicant and Kehinde “Ken” Ogundipe has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Mr. Ogundipe and he has been determined to be of good moral character. He submitted statements from a physician documenting his good health and current TB-tine negative results.

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

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents, 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](http://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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee,

administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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.

Kehinde "Ken" Ogundipe has six years of experience as an administrator of the following programs: Community Living and Support Services (Class), Home Community Based Services and Mentally Ill and Mentally Retarded Community Services in McKinney Texas. Two of those years were spent working as a direct care worker with the developmentally disabled and mentally ill population. Mr. Ogundipe also has a Master of Arts and Master of Business Administration degrees. Mr. Ogundipe reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).




2/21/19

Christopher Holvey
Licensing Consultant

Date

Approved By:



2/22/19

Mary E Holton
Area Manager

Date