



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 30, 2021

Yewande Okubanjo  
PO Box 4625  
East Lansing, MI 48826

RE: Application #: AS330406492  
**Ebenezer AFC**  
**1516 Vermont Ave**  
**Lansing, MI 48906**

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 3 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 284-9721

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330406492
<b>Licensee Name:</b>	Yewande Okubanjo
<b>Licensee Address:</b>	507 West Barnes Avenue Lansing, MI 48910
<b>Licensee Telephone #:</b>	(404) 992-2222
<b>Administrator/Licensee Designee:</b>	Olufemi Okubanjo
<b>Name of Facility:</b>	Ebenezer AFC
<b>Facility Address:</b>	1516 Vermont Ave Lansing, MI 48906
<b>Facility Telephone #:</b>	(404) 618-7856 11/18/2020
<b>Application Date:</b>	
<b>Capacity:</b>	3
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODOLOGY

11/18/2020	On-Line Enrollment
11/24/2020	Contact - Document Received App
11/25/2020	Contact - Document Received AFC100 for Olufemi (Admin)
12/01/2020	Contact - Document Received 1326 & RI-030 for Yewande (LD)
01/12/2021	Application Incomplete Letter Sent
01/23/2021	Contact - Document Received Items from Application Incomplete Letter
02/01/2021	Contact - Document Received From Femi Okubanjo re: Status of Application/Inspection scheduling
02/21/2021	Contact - Document Received Furnace and Water Heater Inspection confirmation
02/26/2021	Inspection Completed On-site
02/26/2021	Inspection Completed-BCAL Sub. Compliance
02/26/2021	Exit Conference With Olufemi Okubanjo, Administrator
03/18/2021	Contact - Telephone call received With Olufemi Okubanjo
03/22/2021	Contact - Telephone call made With Olufemi Okubanjo re: room measurements
03/23/2021	Inspection Completed-BCAL Full Compliance
03/30/2021	PSOR on Address Completed

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Ebenezer AFC is a two-story vinyl siding home located in the Northtown neighborhood near the corner of Oak Street and Vermont Avenue in the City of Lansing, Michigan. The property has approximately of 1,248 square feet of floor space and a lot size of 8,712 square feet with an unfinished basement. 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 half bathroom on the main level of the home and one full bathroom located on the second floor both of which are designated for resident use. The home is also equipped with an open living/dining room/sitting area and kitchen on the main floor and washer/dryer in the basement. The home is not wheelchair accessible. The home utilizes a public water supply and sewage disposal system.

The gas furnace and hot water heater are 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 an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are near all flame/heating producing equipment in the basement, near the entrance of the home, near the kitchen, living/sitting area, upstairs hallway, and each resident bedroom. installed near sleeping areas, on each occupied floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'3" x 9'9"	91.73 square feet	1
2	9'8" x 12'4"	122.10 square feet	1
3	8'8" x 12'6"	111.15 square feet	1
Living Room	8'8" x 20'	173.33	0
Dining Room	9'8" x 20'	193.33	0

The indoor living and dining areas measure a total of 366.66 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate three (3) 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 three male 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, Yewande Okubanjo, has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for adult foster care residents along with outside employment. The assigned administrator is Olufemi Okubanjo.

Criminal history background checks of the Ms. Okubanjo and Mr. Okubanjo 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, Ms. Okubanjo and administrator, Mr. Okubanjo have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. And Mr. Okubanjo have operated two licensed adult foster care facilities as licensee and administrator since 2017. Ms. 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 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 in a teaching hospital and his current role as a senior clinical research associate has 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 helped 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. Mr. Okubanjo has also provided the following care to aged and individuals with developmental disabilities: 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 three-bed facility is adequate and includes a minimum of one staff member for three residents per shift. The applicant acknowledged that the staff to resident ratio may need to change 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 direct care staff will be awake during sleeping hours. The applicant has assured that no direct care staff member will be shared with the adjacent adult foster care facility nor will any floating direct care staff member be used to meet the required direct care staffing ratio.

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 acknowledged 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](http://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 acknowledged 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 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 to document the date and amount of the adult foster care service fee paid each month and all 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 on 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 three residents.



03/30/2021

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Derrick Britton  
Licensing Consultant

Date

Approved By:



03/30/2021

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Dawn N. Timm  
Area Manager

Date