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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 24, 2021

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

RE: Application #: AS250402729
Welch Home I
913 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 and special certification 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 (906) 226-4171.

Sincerely,

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

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250402729
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	302 Welch Blvd. Flint, MI 48503
Licensee Telephone #:	(214) 250-6576
Administrator/Licensee Designee:	Kehinde Ogundipe, Designee
Name of Facility:	Welch Home I
Facility Address:	913 Welch Blvd Flint, MI 48503
Facility Telephone #:	(214) 250-6576
Application Date:	12/12/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/12/2019	On-Line Enrollment
12/23/2019	Contact - Document Sent forms sent
01/21/2020	Contact - Document Received 1326, afc 100
02/12/2020	Application Incomplete Letter Sent
12/23/2020	Contact – Document Received Received required documents from applicant.
08/13/2021	Application Complete/On-site Needed
08/20/2021	Inspection Completed On-site
08/20/2021	Inspection Completed-Env. Health: A
08/24/2021	Inspection Completed – Full Compliance
08/24/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Welch Home I is a two-story home that is located on a large city lot in Flint, MI. There is a one car detached garage located on the property, which has room for storage. The home has a driveway for parking space for staff and visitors.

The main level of the home consists of a living room/dining room combo, kitchen, food pantry, one full bath, and two (2) resident bedrooms. The facility has a total of two (2) exits, located at the front and side of the home. There are multiple stairs at each exit; therefore, this home is not wheelchair accessible per AFC licensing rules.

The second/upper level of the home consists of three (3) resident bedrooms and one (1) full bath.

The facility's furnace and hot water heater are located in the basement of the home. They are in a fully enclosed room 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 July 19, 2021. There is at least one fire extinguisher located on each level of the home.

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:

Bedroom # 1- 1 st floor	12' 6" x 7' 7" + 3' 8" x 2' 8" = 99 square feet	1 resident
Bedroom # 2- 1 st floor	13' 9" x 10' 2" = 140 square feet	2 residents
Bedroom # 3- 2 nd floor	12' 3" x 9' 8" = 118 square feet	1 resident
Bedroom # 4- 2 nd floor	12' 8" x 13' 5" = 170 square feet	1 resident
Bedroom # 5- 2 nd floor	12' 7" x 8' 6" = 107 square feet	1 resident

The living and dining room area measures a total of 326 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The facility has a public water supply and public sewage disposal system. This facility was inspected for environmental safety and it was determined to be in full compliance with all applicable licensing rules pertaining to environmental health.

B. Program Description

The facility has the capacity to provide 24-hour supervision, protection, and personal care for up to six male residents aged eighteen (18) and over, who suffer from mental illness and/or developmental disabilities and/or aged. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be developed 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. Welch Home I will ensure that the resident's transportation and medical needs are met. Residents will have access to community-based resources and services. It is the intent of the home to utilize local community resources and to contract with several community mental health organizations. The home is currently not wheelchair accessible.

C. Applicant 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 six (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 many years of experience working with the developmentally delayed and mentally ill population. He has spent the last two years as a licensee designee and administrator of two separate AFC homes for this population. Mr. Ogundipe reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the licensing act and applicable administrative rules related to the physical plant has been determined. 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 and special certification to this AFC adult small group home (capacity 1-6).




8/24/2021

Christopher Holvey
Licensing Consultant

Date

Approved By:



8/24/2021

Mary E. Holton
Area Manager

Date