



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 1, 2021

Yewande Okubanjo
PO Box 4625
East Lansing, MI 48826

RE: License #: AS330393478
His Able Hands
509 West Barnes Avenue
Lansing, MI 48910

Dear Ms. Okubanjo:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may 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

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

I. IDENTIFYING INFORMATION

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|------------------------------------|---|
| License #: | AS330393478 |
| Licensee Name: | Yewande Okubanjo |
| Licensee Address: | 507 West Barnes Avenue Lansing, MI 48910 |
| Licensee Telephone #: | (404) 992-2222 |
| Licensee/Licensee Designee: | Yewande Okubanjo |
| Administrator: | Olufemi Okubanjo |
| Name of Facility: | His Able Hands |
| Facility Address: | 509 West Barnes Avenue Lansing, MI 48910 |
| Facility Telephone #: | (404) 992-2222 |
| Original Issuance Date: | 12/20/2018 |
| Capacity: | 4 |
| Program Type: | DEVELOPMENTALLY DISABLED AGED |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



06/01/2021

Derrick Britton
Licensing Consultant

Date