



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 20, 2021

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

RE: Application #: AS630405489  
**Genesis Home**  
**21004 Reimanville**  
**Ferndale, MI 48220**

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630405489
<b>Licensee Name:</b>	Eden Prairie Residential Care, LLC
<b>Licensee Address:</b>	302 Welch Blvd. Flint, MI 48503
<b>Licensee Telephone #:</b>	(214) 250-6576
<b>Administrator/Licensee Designee:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Genesis Home
<b>Facility Address:</b>	21004 Reimanville Ferndale, MI 48220
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Application Date:</b>	08/19/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/19/2020	On-Line Enrollment
08/26/2020	On-Line Application Incomplete Letter Sent 1326, AFC100 & RI030
08/26/2020	Contact - Document Sent 1326, AFC100 & RI030
10/14/2020	Lic. Unit file referred for background check review FP hit, referred to CPilarski for review
10/28/2020	Contact - Document Received Licensing file received from Central office
11/04/2020	Application Incomplete Letter Sent Letter emailed to licensee designee Kehinde Ogundipe
01/21/2021	Contact - Document Sent Email sent to Kehinde Ogundipe requesting to know if he is still interested in licensure as he has not submitted any of the required documents.
06/21/2021	Application Complete/On-site Needed
07/07/2021	Inspection Completed On-site
07/07/2021	Inspection Completed-BCAL Sub. Compliance
07/17/2021	Corrective Action Plan Received
07/17/2021	Corrective Action Plan Approved
09/08/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-12 residents, licensed or proposed to be licensed after 05/24/1994.

## **A. Physical Description of Facility**

Genesis Home is a colonial located in the City of Ferndale, Michigan in Oakland County. The facility is located within two miles of convenient neighborhood shopping in the area. The home is not wheelchair accessible. The home has five bedrooms; two bedrooms on the main floor and three bedrooms upstairs. In addition to the bedrooms, the home has a dining area and a living room. There are two full bathrooms to accommodate the residents and staff; one of the full bathrooms is located upstairs. Genesis Home is served by city water and city sewer system.

The furnace and hot water heater are located in the basement, with adequate fire safety enclosure. A 1¾-inch solid core door with positive latching hardware is located at the top of the stairs leading to the basement for adequate fire separation. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'05" x 10'10"	145	2
2	9'11" x 8'08"	86	1
3	12'8" x 10'4"	131	1
4	9'04" x 9'04"	87	1
5	10'02" x 10'06"	107	1

**Total capacity: 6**

The indoor living room and dining room measure a total of **277** 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 **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Mr. Ogundipe intends to provide 24-hour supervision, protection, and personal care to six (6) male residents who are adults 18 years and older with a diagnosis of mental illness and/or developmentally disabled. The program will include social interaction, personal adjustment, and public safety. Mr. Ogundipe intends to accept referrals and has a contract with Oakland Community Housing Network (OCHN).

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. These resources provide an environment to enhance the quality of life of residents and increase their independence.

### **C. Applicant and Administrator Qualifications**

Mr. Ogundipe has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. Mr. Ogundipe has been working in the capacity of administrator and providing direct care services to the mentally ill and developmentally disabled population since 2003.

The applicant is Eden Prairie Residential Care Services, Inc., a “Domestic Limited Liability Company”, established in Michigan on 05/15/2017. Mr. Ogundipe submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Eden Prairie Residential Care Services, Inc., have submitted documentation appointing Kehinde Ogundipe as licensee designee and the administrator of the facility.

Criminal history background check of Mr. Ogundipe was completed, and she was determined to be of good moral character to provide licensed adult foster care. Mr. Ogundipe submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Ogundipe has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. She has over 15 years of experience with the mentally ill and developmentally disabled population.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Mr. Ogundipe 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. Mr. Ogundipe has indicated that direct care staff will be awake during sleeping hours.

Mr. Ogundipe 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.

Mr. Ogundipe acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Ogundipe acknowledge 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.

Mr. Ogundipe 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, Mr. Ogundipe 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.

Mr. Ogundipe 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, Mr. Ogundipe 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.

Mr. Ogundipe acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Mr. Ogundipe acknowledge the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Ogundipe 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.

Mr. Ogundipe acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Ogundipe 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 residents' personal money transactions that have been agreed to be managed by the applicant.

Mr. Ogundipe 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. Mr. Ogundipe indicated the intent to respect and safeguard these resident rights.

Mr. Ogundipe 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.

Mr. Ogundipe 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.

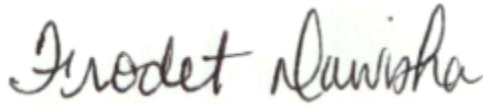
Mr. Ogundipe acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**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 six-month temporary license to this AFC adult small group home capacity of six (6).



09/20/2021

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Frodet Dawisha  
Licensing Consultant

Date

Approved By:

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Denise Y. Nunn  
Area Manager

Date