



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 17, 2021

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

RE: Application #: AS330408820  
**Bell Oaks At Moore River**  
**119 Moores River Dr**  
**Lansing, MI 48910**

Dear Mr. Ogundipe:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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. 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 "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 243-7590  
enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330408820
<b>Applicant Name:</b>	Eden Prairie Residential Care, LLC
<b>Applicant Address:</b>	302 Welch Blvd. Flint, MI 48503
<b>Applicant Telephone #:</b>	(214) 250-6576
<b>Licensee Designee:</b>	Kehinde Ogundipe
<b>Administrator:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Bell Oaks At Moore River
<b>Facility Address:</b>	119 Moores River Dr Lansing, MI 48910
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Application Date:</b>	05/25/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/25/2021	Enrollment Online application download failure
05/26/2021	Application Incomplete Letter Sent 1326 (signed) for LD, AFC100 for Admin
05/26/2021	Contact - Document Sent 1326 & AFC100
05/27/2021	Contact - Document Received 1326 & AFC100
06/22/2021	Application Incomplete Letter Sent
07/26/2021	Application Complete/On-site Needed
09/24/2021	Application Incomplete Letter Sent
10/11/2021	Inspection Completed-BCAL Sub. Compliance
10/19/2021	Corrective Action Plan Received
10/19/2021	Corrective Action Plan Approved
11/03/2021	Corrective Action Plan verified compliance
11/03/2021	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Bell Oaks at Moores River Adult Foster Care facility is located at 119 Moores River Drive just south of downtown Lansing, Michigan. It is a two-story home that has public bus transportation available a half block away. The home has plenty of parking available for visitors and staff in the private driveway, along the alley way on the east side of the home and in front of the home on the street. It has paved sidewalks along the roadways and leading up to the front door.

This facility consists of three bedrooms, three full bathrooms, a kitchen, and dining room combination with the living room. A full bathroom is off the kitchen on the main floor that serves the main floor two bedrooms. Two of the bedrooms on the 2<sup>nd</sup> floor are double occupancy and these residents will have access to a full bathroom in the main hallway and the other bedroom has a full bathroom attached to the room. All three bathrooms are equipped with shower safety bars. The dining room has available seating for all

residents. The home also has two approved means of egress with positive latching, non-locking against egress door hardware. The laundry facility will be using electric appliances and is located on the first floor. The dryer has a metal exhaust pipe attached from the appliance to the outside as required.

The furnace and hot water heater are located in the basement and are separated from the 1<sup>st</sup> floor by a 1 <sup>3</sup>/<sub>4</sub> inch solid core door equipped with an automatic self-closing device and positive latching hardware around a finished, self-contained furnace room. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

All main living areas and bedrooms were measured during the on-site inspection and have the following dimensions:

Room/Bedroom	Room Dimensions	Square Footage	Resident Beds
#1	6.07 x 15.07	91	1
#2	10.07 x 8.05	81	1
#3 (2 <sup>nd</sup> Fl)	15.07 x 11.08	165	2
#4 (2 <sup>nd</sup> Fl)	9.04 x 19.11	136	2
Dining/Living Rm	25.04 x 12.03	301	NA

The living and dining room areas measure a total of 301 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

This home currently is not wheelchair accessible.

## **B. Program Description**

Bell Oaks Home will provide 24-hour supervision, protection and personal care to six (6) male ambulatory adults, who are 18 - 99 years old, whose diagnosis is aged, mentally ill, developmentally disabled, traumatic brain injury or physically handicapped in the least restrictive environment possible. The home is seeking special certification to accept community mental health consumers.

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 intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs will be implemented only by trained staff, and only

with the prior approval of the resident, guardian and the responsible agency. Bell Oaks Home will ensure that the resident's transportation and medical needs are met.

Bell Oaks Home has transportation available for residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks. The clients will receive medical care services through local hospitals and emergency facilities, dental facilities that accept their dental insurances/and of their choices. and they will attend religious services of their choices at nearby facilities.

### **C. Licensee Designee and Administrator Qualifications**

The applicant is Eden Prairie Residential Care Services, LLC which is a Domestic Limited Liability Company established in Michigan on 05/15/2017 and is currently in good standing. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The applicant named Kehinde Ogundipe the administrator and licensee designee. A licensing record clearance request was completed with no convictions recorded for the licensee designee/administrator, Kehinde Ogundipe. The licensee designee/administrator submitted a medical clearance request from a physician documenting his good health and current TB-tine negative results. The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1-staff-to-6-residents per shift. Staff will remain awake during the nighttime shift. The applicant acknowledges an understanding of the training and qualification 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 and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The applicant acknowledged that all staff are fingerprinted utilizing the Workforce Background Check system at [www.miltcpartnership.com](http://www.miltcpartnership.com) and is aware of the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges his 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 his responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file

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 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 his intent to achieve and maintain compliance with these requirements. 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 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.

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 his intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges his responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission

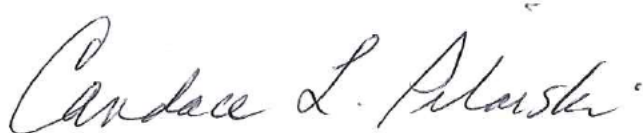
to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file. The applicant acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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)



11/5/2021

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Candace Pilarski  
Licensing Consultant

Date

Approved By:



11/16/2021

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Dawn N. Timm  
Area Manager

Date