



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 24, 2022

Yewande Okubanjo  
PO Box 4625  
East Lansing, MI 48826

RE: License #: AS330387746  
**Shalom Adult Foster Care**  
**507 West Barnes Avenue**  
**Lansing, MI 48910**

Dear Ms. Okubanjo:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330387746
<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>Licensee Designee:</b>	N/A
<b>Administrator:</b>	Olufemi Okubanjo
<b>Name of Facility:</b>	Shalom Adult Foster Care
<b>Facility Address:</b>	507 West Barnes Avenue Lansing, MI 48910
<b>Facility Telephone #:</b>	(517) 721-1916
<b>Original Issuance Date:</b>	09/27/2017
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED



### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14203            Licensee and administrator training requirements.**

**(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**

**(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**

**(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

**FINDING:** There was no verification of training for the licensee or Administrator, as required. Each individual named on the license (not a corporation) must meet the annual training requirement, which includes the Administrator.

**R 400.14207            Required personnel policies.**

**(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.**

**FINDING:** There was no verification of receipt of a job description in direct care staff personnel records, as required.

**R 400.14301            Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall**

**maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** Resident A, B, and C all had outdated *Assessment Plans for AFC Residents* (assessment plan) on file, indicating they were not reviewed at least annually, as required. Resident A's assessment plan was last completed 02/2021, Resident B's assessment plan was last completed 11/2017 and Resident C's assessment plan was last completed 11/2017.

**R 400.14301**      **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

**FINDING:** Resident A and Resident C had outdated *Resident Care Agreements* (RCA) on file, indicating they were not reviewed at least annually, as required. Resident A's RCA was last completed 02/2021 and Resident C's RCA was last completed 01/2021.

**R 400.14403**      **Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

**FINDING:** The ceiling above the door frame in the facility's kitchen had an approximate 2 ft by 2 ft water stain indicating water damage. The Administrator indicated the facility toilet had overflowed causing the water stain.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Cathy Cushman*

02/24/2022

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Cathy Cushman  
Licensing Consultant

Date