



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 25, 2022

Olubunmi Alkuko  
4571 Barcroft Way  
Sterling Hts, MI 48310

RE: Application #: AF500403871  
**Complete Wellbeing Home**  
**4571 Barcroft Way**  
**Sterling Heights, MI 48310**

Dear Ms. Alkuko:

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 "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 860-4475

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF500403871
<b>Applicant Name:</b>	Olubunmi Alkuko
<b>Applicant Address:</b>	4571 Barcroft Way Sterling Heights, MI 48310
<b>Applicant Telephone #:</b>	(586) 943-7891
<b>Administrator/Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Complete Wellbeing Home
<b>Facility Address:</b>	4571 Barcroft Way Sterling Heights, MI 48310
<b>Facility Telephone #:</b>	(586) 943-7891
<b>Application Date:</b>	03/05/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

03/05/2020	Enrollment
03/09/2020	PSOR on Address Completed
03/09/2020	Contact - Document Sent Rule & Act booklets
03/09/2020	Application Incomplete Letter Sent 1326, RI-030, & FPs for Aluko; 100's for daughter & RP
04/01/2020	Contact - Document Received 1326 & RI-030 for Olubunmi; AFC100 for Oluwatemilorun (HM & RP)
04/14/2020	Contact - Document Received Licensing file received from Central office
08/04/2020	Application Incomplete Letter Sent
08/24/2020	Contact - Document Received
12/10/2020	Inspection Completed On-site
06/29/2021	Contact - Document Sent Email sent to the licensee regarding continued interest.
06/29/2021	Contact - Document Received Email received from LD stating continued interest
07/27/2021	Contact - Document Sent Email sent with confirming letter
10/02/2021	Contact - Document Received Email received from LD - corrections have been made.
10/07/2021	Inspection Completed On-site
10/07/2021	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

This evaluation is based upon 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 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

Complete Well Being Home is located at 4571 Barcroft Way, Sterling Heights, MI 48310. The home is owned by Olubunmi Aluko with proof of ownership contained in the facility file.

Complete Well Being Home is a colonial style brick structure home with vinyl siding. The home consists of a living room that is used as an office, dining room, family room, kitchen, 4 bedrooms (3 for resident use and 1 for Ms. Aluko use) 2 full bathrooms (1 in Ms. Aluko's bedroom and 1 upstairs near the resident bedrooms), 1 half-bath on the main level, laundry room on the first floor off the kitchen near the garage, basement, an attached garage and an inground fenced in swimming pool in the backyard. The home is not wheelchair accessible as there are no ramps at either means of egress.

The facility is heated by a natural gas forced air furnace that is in the basement with the hot water heater. The door at the top of the basement stairs is an approved 1-3/4-inch solid core fire rated door in a fully stopped frame that is equipped with an automatic self-closing device with positive-latching hardware. The facility is equipped with battery-powered, single-station smoke detectors that are installed near sleeping areas, on each occupied floor of the home and near all flame or heat-producing equipment. The home utilizes public water and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'7" x 12'1"	140	2
2	11'5" x 12'8"	145	2
3	15'7" x 8'8"	135	2

**Total capacity: 6**

The indoor living and dining areas measure a total of 386 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Olubunmi Aluko applied for an original license on 3/05/2020 for a family home and has designated her daughter, Oluwatemilorun Adbagbo as the responsible person. The application indicates that the home will accept female residents who are 18-70 years of age and are developmentally disabled, mentally ill and/or aged. Residents must be ambulatory as all bedrooms are on the second level and the home is not wheelchair accessible.

Ms. Aluko intends to provide 24-hour supervision, protection, and personal care to six (6) residents. The program will include social interaction skills, personal hygiene, personal adjustment skills and public safety skills.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including public libraries, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Application and Responsible Person Qualifications**

Criminal history background checks of Olubunmi Aluko and Oluwatemilorun Adbagbo were completed, and they were determined to be of good moral character to provide licensed adult foster care. Olubunmi Aluko and Oluwatemilorun Adbagbo submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Aluko has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents.

Ms. Aluko acknowledged the requirement that the licensee(s) of an adult foster care family home must reside in the home to maintain this category of adult foster care licensure.

The supervision of residents in this family home licensed for 6 residents will be the responsibility of the family home applicant, 24 hours a day, seven days a week. A responsible person will be on call in an emergency for up to 72 hours.

Ms. Aluko acknowledged that the number of responsible persons on duty in the home may need to increase to provide level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

Ms. Aluko acknowledged an understanding of the qualification and suitability requirements for the responsible person providing care to residents in the home.

Ms. Aluko acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Aluko acknowledge(s) 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.

Ms. Aluko acknowledged an understanding of the administrative rules regarding medication procedures. In addition, Ms. Aluko indicate(s) that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Aluko 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.

Ms. Aluko acknowledged 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.

Ms. Aluko acknowledged the responsibility to maintain a current resident record on file in the home for each resident and retain all the documents required to be maintained within each resident’s file.

Ms. Aluko acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

Ms. Aluko acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all the resident’s personal money transactions that have been agreed to be managed by.

Ms. Aluko acknowledged an understanding of the administrative rules regarding informing residents of their resident rights and providing them with a copy of those rights. Ms. Aluko indicated intent to respect and safeguard these resident rights.

Ms. Aluko acknowledged 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 issuing a discharge before a 30-day written discharge notice.

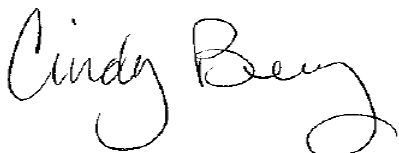
Ms. Aluko acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 his adult foster care family home with a capacity of 6.



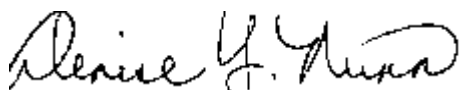
03/25/2022

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Cindy Berry  
Licensing Consultant

Date

Approved By:



03/25/2022

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Denise Y. Nunn  
Area Manager

Date