



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 22, 2023

Yewande Okubanjo
P.O. Box 4625
East Lansing, MI 48826

RE: Application #: AS330413499
ZION ADULT FOSTER CARE HOME
3800 Stillwell Avenue
Lansing, MI 48911

Dear Ms. Okubanjo:

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. 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 "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330413499
Licensee Name:	Yewande Okubanjo
Licensee Address:	5946 N HAGADORN RD EAST LANSING, MI 48823
Licensee Telephone #:	(404) 992-2222
Licensee Designee:	Yewande Okubanjo
Administrator:	Olufemi Okubanjo
Name of Facility:	ZION ADULT FOSTER CARE HOME
Facility Address:	3800 Stillwell Avenue Lansing, MI 48911
Facility Telephone #:	(404) 618-7856
Application Date:	07/23/2022
Capacity:	6
Program Type:	AGED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/23/2022	On-Line Enrollment
07/25/2022	Contact - Document Sent Sent email with incomplete app letr, 1326, AFC-100, RI-030 and 1326.
08/03/2022	Contact - Document Received Rec'vd 1326, RI-030, and AFC-100
09/06/2022	File Transferred To Field Office
09/08/2022	Application Incomplete Letter Sent
10/02/2022	Contact - Document Received the requested documentation in the Incomplete Original Application- Group Home Letter via email.
10/06/2022	Application Incomplete Letter Sent
10/07/2022	Contact – Telephone call received Administrator Femi Okubanjo called for consultation and technical support.
10/10/2022	Contact - Document Received from administrator Femi Okubanjo. Mr. Okubanjo emailed additional supporting documentation.
10/10/2022	Contact - Document Sent I emailed Mr. Okubanjo and asked that he contact me when ready for an onsite inspection.
10/28/2022	Inspection Completed On-site
10/28/2022	Inspection Completed-BCAL Sub. Compliance
11/07/2022	Contact - Telephone call received from administrator Femi Okubanjo requesting consultation and technical assistance regarding the violations found during the onsite inspection on 10/28/2022 and listed in the Confirming Letter sent. Consultation and technical assistance provided.
12/06/2022	Contact - Telephone call received from administrator Femi Okubanjo to change the date of the next onsite inspection to 01/04/2023 at 10:30 a.m.

12/28/2022	Contact - Telephone call received from administrator Femi Okubanjo stating the building contractor he hired to add the second egress window contacted him today and stated he has not yet received a permit from the City of Lansing to complete the project. Mr. Okubanjo said he would call when the egress window has been installed to schedule the next onsite inspection.
01/23/2023	Contact - Telephone call made to administrator Olufemi Okubanjo to schedule a follow up onsite original inspection. Onsite inspection scheduled for 02/02/2023 at 11:00 a.m.
02/02/2023	Inspection Completed On-site
02/07/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Located in a suburban neighborhood in Lansing, Michigan, Zion Adult Foster Care Home is a ranch style, five-bedroom, two-bathroom home, with a detached one-car garage. The home has brown vinyl siding with white trim. The home is owned by Toluwanimi Okubanjo and administrator Olufemi Okubanjo. The home consists of a main floor with a finished basement which will be available for resident use. There are three bedrooms on the main floor and two in the basement and all designated for resident use. The main floor further consists of a living room, dining room, kitchen, and full bathroom. There is another full bathroom in the basement as well as a living area and laundry room which is accessible to residents who have goals related to doing their own laundry. The detached one-car garage will be used for storage. There are two means of egress on the main floor of the home: one leading to the front yard and the other leading to the back yard.

There are three means of egress in the basement including: one leading up the stairs and directly into the backyard and an egress window in both bedrooms, one on the north and one on the south side of the home. The full bathroom upstairs is centrally located between resident bedrooms 2 and 3. The full bathroom downstairs is centrally located between resident bedrooms 4 and 5. The applicant has agreed that any potential resident who regularly uses an assistive device such as a walker or cane to assist with mobility will be housed on the main floor of the facility.

The home utilizes a public water and sewage system and at the time of inspection was in full compliance with applicable environmental health rules.

There are no wheelchair ramps to assist with egress and the home is not wheelchair accessible so therefore cannot accommodate full time wheelchair users. The applicant does not plan to admit individuals who regularly use a wheelchair to ambulate.

A fire extinguisher is located on the main floor and in the basement. The facility's gas-fired hot water heater and gas-fired furnace are in the basement. The applicant had a new furnace and air conditioning unit installed on 12/27/2022 by Wilson Heating/Cooling & Plumbing. The gas-fired hot water heater and furnace are enclosed in a room that is constructed of material which has a 1-hour-fire-resistant rating. The door is made of 1 3/4 -inch solid core wood, hung in a fully stopped wood frame, and equipped with an automatic self-closing device and positive-latching hardware. The facility is constructed of standard building material and has a 1 3/4 solid core wood door hung in a fully stopped wood frame at the bottom of the stairs leading out of the basement providing required floor separation. The water heater was inspected and found to be in good working order on 06/20/2022. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment. The facility has an interconnected smoke detector system powered from the building's electrical system.

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' 4" x 11' 11"	148.87	2
2	10' 7" x 9'	96.3	1
3	10' 7" x 8' 0"	85.6	1
4	10' 5" x 9' 6"	100.8	1
5	13' 3" x 11' 4"	151.62	1
Main Floor Living Room	21' 5" x 12' 2"	262.3	
Basement Living Room	27' 6" x 10' 8"	298.08	
Main Floor Dining Room	10' x 7'	70	

The indoor living and dining areas measure a total of 630.38 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 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to six male residents who are aged and/or developmentally disabled. The applicant stated

Zion Adult Foster Care Home is committed to providing safe, supportive, and structured residential care for individuals who are aged and/or have developmental disabilities where they can exercise their right to make choices, grow, and contribute to their community. The applicant stated direct care staff members (DCSMs) strive to achieve measurable, observable, and demonstrable outcomes that affect each person's quality of life in positive ways. The applicant stated DCSMs strive to deliver services promptly and according to each resident's individual needs. The applicant stated Zion Adult Foster Care Home will provide superior residential care for individuals with physical, cognitive, behavioral, and socio-economic challenges through competent, caring DCSMs members trained in the most effective research based person-centered care plans. The applicant stated DCSMs believe that all people deserve to be treated with courtesy, dignity, and respect.

The key goals of the program are:

- Providing room and board in a clean and healthy living environment.
- Affirming the inherent worth of all residents, creating a sense of companionship, feelings of safety and security, and mutual transformation.
- Creating companionship is key to the basis of the DCSMs caregiving techniques: The applicant believes only when a client feels safe will they be able to be open to learning. True friendships are encouraged in which both client and DCSMs enjoy mutual support, empathy, and opportunities to share. Tasks and activities are used as vehicles for engagement.
- Within a warm homely environment, the goal of caring support is to assist, observe, guide, direct and train residents so that they can acquire positive living skills needed as they progress into living independently.
- To create a home environment where clients can demonstrate their ability, learn new skills, participate in work, and enjoy the rewards of their success.
- To provide an array of opportunities, so clients can experience meaningful independence and self-sufficiency.
- To work closely with clients and their family/guardians to ensure that all clients living at Zion Adult Foster Care Home are provided with a platform where real opportunities can be realized.
- To embrace community integration, collaboration and effective utilization of resources that are at our disposal

The specific services provided will be individualized residential care to adults that are aged and/or have developmental disabilities to realize their long-term potential, fulfill their personal dreams and live more meaningful lives. DCSMs will assist with preparing meals, eating, and feeding. DCSMs will assist with personal care tasks as needed such as toileting, bathing, dressing, and grooming. DCSMs will assist with transferring, ambulation, and mobility but cannot accept full time wheelchair users or residents with impaired mobility as there are no wheelchair ramps, and the home is not wheelchair accessible. DCSMs will administer medications, complete laundry and housekeeping or assist and prompt residents to complete those tasks. DCSMs will help residents with shopping and money management, attendance at medical appointments including transportation. DCSMs will assist residents with socialization and relationship building,

leisure choices, participation in community events, health care management, safety monitoring in the community and home, and with helping residents access vocational opportunities. The applicant plans to admit residents who are aged and/or are moderate to high functioning developmentally disabled, nonviolent, and nonaggressive. The applicant intends to accept referrals from Community Mental Health, private individuals, Tri-County Office on Aging, and Michigan Department of Health and Human Services.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. The interventions shall be implemented only by DCSSMs 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 including local shopping stores, restaurants, entertainment, and exercise venues, as well as local parks and walking trails. The facility is also located within proximity to medical providers and specialty clinics if needed by residents. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, to residents.

C. Applicant and Administrator Qualifications

The applicant is Yewande Okubanjo. 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.

Ms. Okubanjo submitted documentation appointing her husband Olufemi Okubanjo as the administrator of the facility.

Criminal history background checks for the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health signed within the past 6 months and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Based on statements from the applicant and Mr. Okubanjo along with written documentation submitted I determined both the applicant and the administrator completed training in the topics of nutrition, first aid, CPR, safety and fire prevention, resident rights and the prevention and containment of communicable diseases. The applicant and Mr. Okubanjo provided written documentation that they have experience in adult foster care as defined in the act, financial and administrative management, and knowledge of the needs of the population to be served. The applicant and Mr. Okubanjo submitted written documentation to prove they graduated from high school and furthered their education. The applicant is a registered nurse's aide and Mr.

Okubanjo has a bachelor's degree in pharmacy. The applicant and administrator currently own and operate three licensed Adult Foster Care homes in good standing.

The staffing pattern for the original license of this six (6) bed facility is adequate and includes a minimum of one DCSM for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated DCSMs will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for DCSMs 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. The applicant acknowledged the requirement for obtaining criminal record checks for all 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) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those DCSMs that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each DCSM 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, DCSM, and 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 to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant 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. The applicant indicated the intent to respect and safeguard those resident rights.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with mobility impairments may not be admitted to this facility as there are no wheelchair ramps, and the home is not wheelchair accessible and cannot accommodate full time wheelchair users.

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 temporary license to this AFC adult small group home with a capacity of six residents.

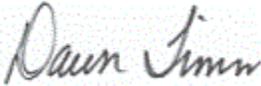


02/07/2023

Rodney Gill
Licensing Consultant

Date

Approved By:



02/22/2023

Dawn N. Timm
Area Manager

Date