GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2023

Kehinde Ogundipe
Eden Prairie Residential Care, LLC
G 15 B
405 W Greenlawn
Lansing, MI 48910

| | |
|---|---|
| RE: License #: | AS250412203 |
| Investigation #: | 2023A0872043 |
| | Bell Oaks At Thomas |

Dear Mr. Ogundipe:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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 (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

## I. IDENTIFYING INFORMATION

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| **License #:** | AS250412203 |
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| **Investigation #:** | 2023A0872043 |
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| **Complaint Receipt Date:** | 05/03/2023 |
| | |
| **Investigation Initiation Date:** | 05/04/2023 |
| | |
| **Report Due Date:** | 07/02/2023 |
| | |
| **Licensee Name:** | Eden Prairie Residential Care, LLC |
| | |
| **Licensee Address:** | G 15 B<br>405 W Greenlawn<br>Lansing, MI 48910 |
| | |
| **Licensee Telephone #:** | (214) 250-6576 |
| | |
| **Administrator:** | Kehinde Ogundipe |
| | |
| **Licensee Designee:** | Kehinde Ogundipe |
| | |
| **Name of Facility:** | Bell Oaks At Thomas |
| | |
| **Facility Address:** | 2705 Thomas St.<br>Flint, MI 48504 |
| | |
| **Facility Telephone #:** | (810) 820-3190 |
| | |
| **Original Issuance Date:** | 01/12/2023 |
| | |
| **License Status:** | TEMPORARY |
| | |
| **Effective Date:** | 01/12/2023 |
| | |
| **Expiration Date:** | 07/11/2023 |
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| **Capacity:** | 6 |
| | |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED |

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|---|---|
| | MENTALLY ILL<br>TRAUMATICALLY BRAIN INJURED |

## II. ALLEGATION(S)

| | **Violation Established**? |
|---|---|
| During the month of March 2023, there was only one staff on shift at night but both residents require 1:1 supervision. | Yes |
| Former staff Kenyata Berrien drank alcohol while working and former staff Destiny Raspberry and Mykyiah Boston smoked marijuana in their cars while working. | No |
| Medications are kept in the refrigerator unlocked. | No |
| Staff have been driving the residents in the facility van that has no license plate, insurance, or registration. | Yes |
| Resident A has holes in her walls and the basement flooded and there is standing, stagnant water. | Yes |
| Additional Findings | Yes |

## III. METHODOLOGY

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|---|---|
| 05/03/2023 | Special Investigation Intake<br>2023A0872043 |
| 05/04/2023 | Special Investigation Initiated - On Site<br>Unannounced |
| 05/05/2023 | APS Referral<br>I made an APS complaint via email |
| 05/05/2023 | Contact - Telephone call received<br>I spoke to the home manager, Taylor Bowles about this complaint |
| 05/23/2023 | Contact - Telephone call made<br>I spoke to the licensee designee, Kehinde Ogundipe |
| 05/24/2023 | Inspection Completed On-site<br>Unannounced |
| 05/24/2023 | Contact - Document Sent<br>I emailed the licensee designee requesting information related to this complaint |
| 05/31/2023 | Contact - Document Received |

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| | I received AFC documentation related to this complaint. |
| 06/14/2023 | Contact - Telephone call made<br>I interviewed former staff Destiny Raspberry |
| 06/14/2023 | Contact - Telephone call made<br>I interviewed former staff Kenyata Berrien |
| 06/14/2023 | Contact - Telephone call made<br>I attempted to contact former staff, Jayleah Ross but her phone is unable to accept calls. |
| 06/14/2023 | Contact - Telephone call made<br>I called former staff Mykiyah Boston but as of this date, she has not returned my phone calls |
| 06/14/2023 | Contact - Telephone call made<br>I spoke to Macomb County ORR, Amber Sultes |
| 06/14/2023 | Contact - Document Sent<br>I exchanged emails with Eden Prairie Senior Program Manager, Melissa Root |
| 06/14/2023 | Contact - Telephone call received<br>I spoke to Eden Prairie Area Supervisor, Latonya Jones |
| 06/16/2023 | Inspection Completed-BCAL Sub. Compliance |
| 06/16/2023 | Exit Conference<br>I conducted an exit conference with the licensee designee, Kehinde Ogundipe |

**ALLEGATION: During the month of March 2023, there was only one staff on shift at night but both residents require 1:1 supervision.**

**INVESTIGATION:** I On 05/24/23, I conducted an unannounced onsite inspection of Bell Oaks at Thomas AFC. I interviewed Resident A and asked her how many staff are working each shift. Resident A said that there are always at least two staff at the facility at all times.

On 05/31/23, I received AFC documentation related to this complaint. According to Resident A's individual plan of service through Training and Treatment Innovations, dated 09/14/22 she is diagnosed with unspecified mood disorder, attention deficit hyperactivity disorder, and mild intellectual disability. She has been in foster care since

infancy, and she struggles with maintaining successful placements in AFC homes. She exhibits violent and self-harming behaviors, as well as suicidal ideation.

According to this document, Resident A requires 1:1 staffing during waking hours (8am-11pm) and “staff should also keep (her) within arm’s reach supervision to always ensure her safety. At the very least, staff should keep (her) within line-of-sight supervision, due to her significant self-injurious behaviors.”

I reviewed Resident B’s person-centered plan dated 03/09/22. According to this document, Resident B is nonverbal, and she is diagnosed with severe cognitive impairment, autism, Rett’s syndrome, PICA, hyperglycemia, and unspecified communication disorder. According to her Assessment Plan dated 01/12/23, she requires 1:1 supervision by staff.

On 06/14/23, I interviewed former staff Destiny Raspberry via telephone. I asked Ms. Raspberry how many staff worked during 3rd shift when she was employed at Bell Oaks at Thomas AFC. She said that the majority of the time she was employed at this facility, there were three residents and they all required 1:1 supervision. Because of that, there were always three staff on shift at a time. She said that eventually, one of the residents moved out but since the other two residents still required 1:1 supervision, there was always two staff working each shift.

On 06/14/23, I exchanged emails with Eden Prairie Senior Program Manager, Melissa Root. Ms. Root emailed me some of the documentation I requested regarding this complaint.

On 06/14/23, I reviewed the staff schedule for March 2023. According to the schedule, there were at least two staff working from 8pm-8am each night that month except for 03/02/23. On that date, there was only one staff who worked from 8pm-8am. On 03/02/23, Resident A and Resident B were both living at this facility.

| **APPLICABLE RULE** | |
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| **R 400.14206** | **Staffing requirements.** |
| | **(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.** |

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| **ANALYSIS:** | Resident A and Resident B require 1:1 supervision. According to the staff schedule for March 2, 23, only one staff worked from 8pm-8am.<br><br>I conclude that there is sufficient evidence to substantiate this rule violation. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION: Former staff Kenyata Berrien drank alcohol while working and former staff Destiny Raspberry and Mykyiah Boston smoked marijuana in their cars while working.**

**INVESTIGATION:** On 05/24/23, I conducted an onsite inspection of Bell Oaks at Thomas AFC. I interviewed the home manager, Taylor Bowles, and staff Deandra Willis. I also interviewed Resident A, interacted with Resident B, and conducted a visual inspection of the facility.

Resident A told me that former staff Mykiyah Boston and Destiny Raspberry used to go sit in the facility van and smoke marijuana while they were working. Resident A also said that former staff Kenyata Berrien used to drink alcohol in the home while she was working. Resident A told me that these staff have not worked at the facility for several months.

On 06/14/23, I interviewed former staff Destiny Raspberry via telephone. I reviewed the allegations with her, and she said they are not true. She said that she used to work 3rd shift for this facility, but she has not worked there since April 2023. According to Ms. Raspberry, she never smoked marijuana while at work and never saw any of the other staff smoking marijuana. I asked her if she ever saw any staff drink alcohol while working and she said no. She said that she smokes Black & Mild cigarettes and would smoke them on the facility front porch but never smoked marijuana. I asked her if she ever worked with staff Mykiyah Boston, and she said no.

On 06/14/23, I interviewed former staff, Kenyata Berrien via telephone. I reviewed the allegations with her, and she said they are not true. Ms. Berrien said that she never drank alcohol while working and she never saw any of the staff drink alcohol or smoke marijuana while working.

I attempted to contact former staff, Mykiyah Boston on several occasions but as of 06/14/23, she has not returned my phone calls.

On 06/14/23, I spoke to Macomb County Recipient Rights Officer, Amber Sultes via telephone. We discussed the allegations and the status of our investigations. Ms. Sultes said that she has been having a hard time contacting former staff and most of them refuse to return her phone calls.

| APPLICABLE RULE | |
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| **R 400.14303** | **Resident care; licensee responsibilities.** |
| | **(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.** |
| **ANALYSIS:** | Resident A told me that former staff Mykiyah Boston and Destiny Raspberry used to go sit in the facility van and smoke marijuana while they were working. Resident A also said that former staff Kenyata Berrien used to drink alcohol in the home while she was working. Resident A told me that these staff have not worked at the facility in several months.<br><br>On 06/14/23, I interviewed former staff Destiny Raspberry via telephone. Ms. Raspberry denied smoking marijuana while working at this facility and denied ever seeing any other staff smoke marijuana or drink alcohol while working.<br><br>On 06/14/23, I interviewed former staff, Kenyata Berrien via telephone. Ms. Berrien denied drinking alcohol while working at this facility and said that she never saw any other staff drink alcohol or smoke marijuana while working.<br><br>I attempted to contact former staff, Mykiyah Boston on several occasions but as of 06/14/23, she has not returned my phone calls.<br><br>On 06/14/23, I spoke to Macomb County Recipient Rights Officer, Amber Sultes via telephone. We discussed the allegations and the status of our investigations. Ms. Sultes said that she has been having a hard time contacting former staff and most of them refuse to return her phone calls.<br><br>I conclude that there is insufficient evidence to substantiate this rule violation. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION: Medications are kept in the refrigerator unlocked.**

**INVESTIGATION:** On 05/24/23, I conducted an unannounced onsite inspection of Bell Oaks at Thomas AFC facility. I interviewed Resident A and the home manager, Taylor Bowles. I looked in the refrigerator and did not observe any medications.

Ms. Bowles said that currently, neither of the residents take any medication that needs to be refrigerated. Ms. Bowles told me that all resident medications are kept locked in

the medication cabinet. She said that she does not know if the former home manager kept any medications in the refrigerator.

I asked Resident A if she has ever seen any medications stored in the refrigerator and she said no.

| **APPLICABLE RULE** | |
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| **R 400.14312** | **Resident medications.** |
| | **(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.** |
| **ANALYSIS:** | On 05/24/23, I conducted an unannounced onsite inspection of Bell Oaks at Thomas AFC facility. I interviewed Resident A and the home manager, Taylor Bowles. I looked in the refrigerator and did not see any medications.<br><br>Ms. Bowles said that currently, neither of the residents take any medication that needs to be refrigerated. Ms. Bowles told me that all resident medications are kept locked in the medication cabinet. She said that she does not know if the former home manager kept any medications in the refrigerator.<br><br>I asked Resident A if she has ever seen any medications stored in the refrigerator and she said no.<br><br>I conclude that there is insufficient evidence to substantiate this rule violation. |
| **CONCLUSION:** | **VIOLATION NOT ESTABLISHED** |

**ALLEGATION: Staff have been driving the residents in the facility van that has no license plate, insurance, or registration.**

**INVESTIGATION:** On 05/04/23, I conducted an unannounced onsite inspection of Bell Oaks at Thomas Adult Foster Care facility. I conducted a visual inspection of the facility and interviewed staff Shanika Jackson and Branesha Green, and Resident A. I also interacted with Resident B but did not interview her because she is non-verbal.

I asked Ms. Jackson and Ms. Green if they transport the residents in the facility van and they said yes. Ms. Jackson said that yesterday, she transported Resident A to McDonalds. I examined the facility van and found that it had no license plate, no registration, and no insurance. I also noted that there was not a first aid kit in the vehicle. Ms. Jackson said that she was told that management is working on getting the vehicle registered and insured.

I met with Resident A in her room. She confirmed that staff has transported her in the facility van. She said that she was not aware that the van did not have a license plate, registration, or insurance.

Before leaving the facility, I told staff not to use the facility van to transport the residents. They agreed.

On 05/05/23, I received a telephone call from the new home manager, Taylor Bowles. I reviewed the allegations with Ms. Bowles and told her that I recommend that staff do not use the facility van to transport the residents since it is not legal in the State of Michigan. Ms. Bowles said that she spoke to the licensee designee, Kehinde Ogundipe and they have instructed staff that they are not to use the facility van.

| **APPLICABLE RULE** | |
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| **R 400.14319** | **Resident transportation.** |
| | **When a home provides transportation for a resident, the licensee shall assure all of the following:**<br>**(a) That a vehicle is in good operating condition.**<br>**(b) That a vehicle carries a basic first aid kit.**<br>**(c) That residents who are transported by truck ride only in the cab.**<br>**(d) That a vehicle operator has a valid driver's license.**<br>**A licensee who uses a motor vehicle with a manufacturer's rated seating capacity of 16 or more persons shall comply with the provisions of section 715a of Act No. 300 of the Public Acts of 1949, as amended, being _257.715a of the Michigan Compiled Laws.** |
| **ANALYSIS:** | On 05/04/23, staff Shanika Jackson and Branesha Green said that they do transport the residents in the facility van. Ms. Jackson said that she last transported Resident A in the facility van to McDonalds on 05/03/23. |

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| | Resident A confirmed that staff transports her in the facility van.<br><br>On 05/04/23, I examined the facility van and found that it had no license plate, no registration, and no insurance. I also noted that there was not a first aid kit in the vehicle.<br><br>I conclude that there is sufficient evidence to substantiate this rule violation. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ALLEGATION: Resident A has holes in her walls and the basement flooded and there is standing, stagnant water.**

**INVESTIGATION:** On 05/04/23, while at the facility I met with Resident A in her bedroom. Resident A had several holes in her bedroom walls and in her bedroom door. I asked her what happened, and she said, “I destructed it when I was mad.” Resident A told me that she does not know when the holes are going to be repaired.

On 05/23/23, I interviewed the licensee designee, Kehinde Ogundipe, via telephone. Mr. Ogundipe said that he is aware of the allegations made regarding Bell Oaks at Thomas. He said that he is also aware of the basement flooding and said that he has hired a company to deal with the issue, but it is going to take some time to fix. He said that the basement is flooding because of a sewage/plumbing problem.

On 05/24/23, I conducted another unannounced onsite inspection of Bell Oaks at Thomas. I noted that some of the kitchen floor near the sink is damaged/missing. Ms. Bowles said that since the basement flooded, the kitchen floor was also damaged. Ms. Bowles said that Mr. Ogundipe told her that he will be fixing the kitchen floor and the basement. I went in the basement of the facility and while walking down the stairs, I detected a strong smell of mildew. I also observed standing water and what appeared to be wet leaves and other debris in various places in the basement. The home manager, Taylor Bowles said that the licensee designee is aware of the problem with the basement and has hired a company to fix it.

I interviewed Resident A about the basement, and she acknowledged that it flooded. She said that she and one of the former staff, tried to “clean the poop up but we didn’t get it all.”

On 05/24/23, I again looked in Resident A’s bedroom and noted that she still has several holes in her bedroom walls and her bedroom door. She told me that she put a new hole in one of her walls “because I was mad” and said that she does not know when her walls and door are going to be fixed.

| APPLICABLE RULE | |
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| **R 400.14403** | **Maintenance of premises.** |
| | **(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.** |
| **ANALYSIS:** | On 05/04/23 and 05/24/23, I observed several holes in Resident A's bedroom walls and her bedroom door. Resident A told me that she damaged her room when she was angry and said that she does not know when the damage is going to be fixed.<br><br>On 05/24/23, I went in the basement of the facility and while walking down the stairs, I detected a strong smell of mildew. I also observed standing water and what appeared to be wet leaves and other debris in various places in the basement.<br><br>Resident A acknowledged that the basement flooded and said that she and one of the former staff, tried to "clean the poop up but we didn't get it all."<br><br>On 05/24/23, I noted that some of the kitchen floor near the sink is damaged/missing. The home manager, Taylor Bowles said that since the basement flooded, the kitchen floor was also damaged. Ms. Bowles said that Mr. Ogundipe told her that he will be fixing the kitchen floor and the basement.<br><br>I conclude that there is sufficient evidence to substantiate this rule violation. |
| **CONCLUSION:** | **VIOLATION ESTABLISHED** |

**ADDITIONAL FINDINGS:**

**INVESTIGATION:** While reviewing Resident B's AFC documentation, I noted that her Health Care Appraisal was not completed as of 06/14/23. She was admitted to Bell Oaks at Thomas Adult Foster Care facility on 01/12/23.

On 04/11/23, I completed an SIR #2023A0872030 at this facility and substantiated R 400.14301(10). I concluded that although a resident was admitted to the facility on 01/24/23, her last Health Care Appraisal was dated 02/17/22. The licensee designee submitted a corrective action plan signed and dated 04/04/23 stating, "The new house manager will ensure that the health care appraisal will be completed as required in LARA statute R400.14301. The Area Manager will review this at least on monthly basis to ensure compliance."

On 05/23/23, I spoke to the licensee designee, Kehinde Ogundipe via telephone. I reviewed the allegations with Mr. Ogundipe, and he said that considering the staffing issues they are having in Genesee County, and the fact that there are numerous physical plant issues with the home, he will not be renewing the license for Bell Oaks at Thomas. Mr. Ogundipe said that he will be issuing a 30-day discharge notice to Residents A and B and said that they will be moving out prior to the license expiration date of 07/11/23.

| **APPLICABLE RULE** | |
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| **R 400.14301** | **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.** |
| | **(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.** |

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| **ANALYSIS:** | While reviewing Resident B's AFC documentation, I noted that her Health Care Appraisal was not completed as of 06/14/23. She was admitted to Bell Oaks at Thomas Adult Foster Care facility on 01/12/23.<br><br>I conclude that there is sufficient evidence to substantiate this rule violation. |
| **CONCLUSION:** | **REPEAT VIOLATION ESTABLISHED**<br>**Ref: SIR #2023A0872030 dated 04/12/23.** |

On 06/16/23, I conducted an exit conference with the licensee designee, Kehinde Ogundipe. I discussed the findings of my investigation and told him that I am substantiating multiple rule violations. Mr. Ogundipe said that the two residents at this facility will be moved to new facilities on 06/22/23 and he will be requesting that I close the license at Bell Oaks at Thomas. Mr. Ogundipe agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

## IV. RECOMMENDATION

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| Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status. |

Susan Hutchinson June 16, 2023

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| Susan Hutchinson<br>Licensing Consultant | Date |

Approved By:

Mary Holton June 16, 2023

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| Mary E. Holton<br>Area Manager | Date |