GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 22, 2023

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

RE: License #: AS250395660
Investigation #: 2023A0779044
Welch Home II

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,

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250395660
Investigation #:	2023A0779044
Complaint Receipt Date:	05/16/2023
Investigation Initiation Date:	05/16/2023
Report Due Date:	07/15/2023
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	G 15 B 405 W Greenlawn Lansing, MI 48910
Licensee Telephone #:	(214) 250-6576
Administrator:	Kehinde Ogundipe
Licensee Designee:	Kehinde Ogundipe
Name of Facility:	Welch Home II
Facility Address:	317 Welch Blvd., Flint, MI 48503
Facility Telephone #:	(810) 780-4455
Original Issuance Date:	02/22/2019
License **Status:**	REGULAR
Effective Date:	08/22/2021
Expiration Date:	08/21/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. ALLEGATION(S)

	Violation Established?
Staff Taquon Brown hit Resident A on his butt.	Yes
The home has black mold and the basement floods.	Yes

III. METHODOLOGY

05/16/2023	Special Investigation Intake 2023A0779044
05/16/2023	APS Referral Complaint was received from APS worker.
05/16/2023	Special Investigation Initiated - Telephone Spoke to APS worker, Michael Grant.
05/17/2023	Inspection Completed On-site
05/17/2023	Contact - Face to Face Spoke to licensee designee, Kehinde Ogundipe.
05/23/2023	Contact - Telephone call made Interview conducted with staff person, Taquon Brown.
06/20/2023	Exit Conference Held with licensee designee, Kehinde Ogundipe.

ALLEGATION:

Staff Taquon Brown hit Resident A on his butt.

INVESTIGATION:

On 5/16/23, a phone call was made to APS worker, Michael Grant. He stated that he has seen Resident A twice and that Resident A has confirmed that he was spanked on the butt by staff.

On 5/17/23, an on-site inspection was conducted and an attempt to interview Resident A took place. Due to his cognitive deficiencies, Resident A did not seem to understand the questioning. When asked if staff “Quan” had spanked him on the butt, it appeared

that Resident A nodded his head up and down, as to say yes. Resident A then became emotional, started to cry and was not able to answer any further questions.

On 5/17/23, home manager, Janay Ford, stated that she heard the interaction between Resident A and staff person Taquan Brown, on the day in question. Ms. Ford reported that Resident A was upset and acting out and Mr. Brown took Resident A into his bedroom. Ms. Ford stated that she heard a "smack" sound come from Resident A's bedroom and then Resident A came out of his room, he was crying and said, "I got a whopping". She stated that she could see a visible red mark on Resident A's butt cheek. Ms. Ford reported that when she asked Mr. Brown, he admitted to her that he had hit Resident A.

On 5/23/23, a phone interview was conducted with staff person, Taquan Brown. He stated that he "tapped" Resident A on his butt, but claims that it was not hard and it did not hurt him. Mr. Brown stated that Resident A was having a behavior and that was his way of getting Resident A's attention. He claims that it was not his intention to hurt Resident A and that he would never abuse a resident.

APPLICABLE RULE	
R 400.14308	**Resident behavior interventions prohibitions.**
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: **(b) Use any form of physical force other than physical restraint as defined in these rules.**
ANALYSIS:	Resident A confirmed that he was spanked on the butt by a staff person. Home manager, Janay Ford, stated that she heard a "smack" sound coming from Resident A's room, where only Resident A and staff person, Taquan Brown, were. She stated that Resident A said that he got a "whopping" and that she saw a visible red mark on Resident A's butt. Mr. Brown admitted that he hit Resident A on his butt. There was sufficient evidence found to prove that staff person, Taquan Brown, used inappropriate physical force when he hit/spanked Resident A on his butt.
CONCLUSION:	**VIOLATION ESTABLISHED**

ALLEGATION:

The home has black mold and the basement floods.

INVESTIGATION:

During the on-site inspection on 5/17/23, a walk-through of the entire home was completed. Resident A's bedroom had a distinct musty smell and there was visible dirt and cobwebs present. There was visible mold present in both windows of Resident A's room and visible mold on the floor molding of Resident A's attached bathroom. There was standing water on the bathroom floor, broken blinds on the bathroom window and the bathroom flooring were in poor condition.

During inspection of the home's basement on 5/17/23, the basement floor had what appeared to be old used toilet paper stuck to it. Home manager, Janay Ford, and staff person, Tatiana Rice, stated that this was a result of a sewage pipe shooting sewage out onto the basement floor approximately 2-3 weeks ago. They stated that attempts were made to clean up the mess and that is what could not be cleaned/removed. They confirmed that the basement floods when there is any significant rain.

On 5/17/23, licensee designee, Kehinde Ogundipe, acknowledged that this home is in poor condition. He stated that he has plans to remodel this entire home. He stated that all the residents will be relocated to one of his other AFC homes during the remodeling process.

APPLICABLE RULE	
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:	During an on-site inspection on 5/17/23, there was visible mold present inside Resident A's bedroom and bathroom. There was standing water on the bathroom floor, broken blinds on the bathroom window and the bathroom flooring were in poor condition. The basement floor had what appeared to be old used toilet paper stuck to it. Home manager, Janay Ford, and staff person, Tatiana Rice, stated that the basement floor had

	been in that condition for at least 2-3 weeks and that the basement floods when there is any significant rain. There was sufficient evidence found to prove that this home has not been properly maintained to provide adequately for the health, safety, and well-being of its residents.
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site inspection on 5/17/23, this home was viewed to have multiple windows, located in resident bedrooms, that were in poor condition. One window had visible broken/cracked glass. The bathroom attached to Resident A's bedroom did not have an openable window or any forced ventilation to the outside.

APPLICABLE RULE	
R 400.14403	**Maintenance of premises.**
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
ANALYSIS:	On 5/17/23, this home was viewed to have multiple windows located in resident bedrooms to be in poor condition. One window had visible broken/cracked glass.
CONCLUSION:	**VIOLATION ESTABLISHED**

APPLICABLE RULE	
R 400.14407	**Bathrooms**
	(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

ANALYSIS:	On 5/17/23, the bathroom attached to Resident A's bedroom was viewed to not have an openable window or any forced ventilation to the outside.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 6/20/23, an exit conference was held with licensee designee, Kehinde Ogundipe. He was informed of the outcome of this investigation and that a written corrective action plan is required. Mr. Ogundipe stated that he has moved all the residents out of this home as of 6/19/23 and that he will be closing this AFC license.

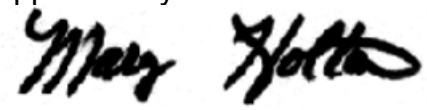
IV. RECOMMENDATION

Upon receipt of an approved written corrective plan, it is recommended that the status of this home's license remain unchanged.

6/22/2023

Christopher Holvey Date
Licensing Consultant

Approved By:



6/22/2023

Mary E. Holton Date
Area Manager