



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 22, 2023

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

RE: Application #: AS250414970
Bell Oaks I At Grand Traverse
1636 N. Grand Traverse St
Flint, MI 48910

Dear Mr. Ogundipe:

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 effective May 22, 2023.

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,

A handwritten signature in cursive script that reads "Derrick L. Britton".

Derrick Britton, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-9721

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|---|--|
| License #: | AS250414970 |
| Applicant Name: | Eden Prairie Residential Care, LLC |
| Applicant Address: | G 15 B 405 W Greenlawn Lansing, MI 48910 |
| Applicant Telephone #: | (214) 250-6576 |
| Administrator/Licensee Designee: | Kehinde Ogundipe, Designee |
| Name of Facility: | Bell Oaks I At Grand Traverse |
| Facility Address: | 1636 N. Grand Traverse St Flint, MI 48910 |
| Facility Telephone #: | (214) 250-6576 |
| Application Date: | 11/22/2022 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODOLOGY

| | |
|------------|---|
| 11/22/2022 | Enrollment |
| 11/22/2022 | File Transferred to Field Office Flint via SharePoint |
| 12/26/2022 | Contact - Document Received Application Supporting Documents Emailed from Ken Ogundipe |
| 01/06/2023 | Application Incomplete Letter Sent |
| 01/06/2023 | Contact - Document Sent Email to Ken Ogundipe re: additional request for documents |
| 01/10/2023 | Contact - Document Received Application Incomplete Documents received |
| 04/05/2023 | Inspection Completed On-site |
| 04/05/2023 | Inspection Completed-BCAL Sub. Compliance |
| 04/05/2023 | Application Incomplete Letter Sent |
| 04/24/2023 | Application Complete/On-site Needed |
| 04/26/2023 | Contact - Document Sent Emails from Ken Ogundipe re: scheduling reinspection. |
| 05/02/2023 | Inspection Completed On-site |
| 05/02/2023 | Inspection Completed-BCAL Sub. Compliance |
| 05/02/2023 | Application Incomplete Letter Sent |
| 05/06/2023 | Contact - Document Received Verification of bathroom ventilation |
| 05/06/2023 | Inspection Completed-BCAL Full Compliance |
| 05/11/2023 | Contact - Document Sent Special Certification Application |
| 05/11/2023 | SC-Application Received - Original |
| 05/15/2023 | SC-Recommend MI and DD |
| 05/15/2023 | PSOR on Address Completed No hits at address |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bell Oaks I at Grand Traverse is two-level, brick-sided structure located in the City of Flint. The home has a full, unfinished basement used for storage. The facility is not wheelchair accessible. The facility consists of a living room, dining room, kitchen, laundry room in the basement, four single-occupancy bedrooms and one double occupancy room (one bedroom on the first floor and four bedrooms on the second floor), and two full bathrooms (one full bathroom on each level with resident bedrooms). The facility has two approved means of egress from the main level. The driveway and street have adequate parking for staff and visitors. The facility utilizes public water and public sewer system. The property owner, Eden Prairie Residential Care Services, authorized the use of the property for the purposes of providing adult foster care services, with Ken Ogundipe as the licensee designee/administrator.

The hot water heater is in the basement behind a one-hour protected enclosure with a 1 ³/₄ inch solid core door equipped with an automatic, self-closing device. The home has an electrical heating system that was inspected to be fully functioning throughout the home. The hot water heater and electrical heating system were inspected on 04/03/2023 and found to be fully functioning. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician, is fully operational, and tested during the onsite inspection on 04/05/2023. There are fire extinguishers located on each level of the facility.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|---------------------------|-----------------|----------------------|---------------------|
| 1 (1 st floor) | 11'3" x 11' | 123.75 sq ft | 1 |
| 2 (2 nd floor) | 15'2" x 9' | 136.50 sq ft | 1 |
| 3 (2 nd floor) | 15'5" x 10' | 155 sq ft | 1 |
| 4 (2 nd floor) | 14'4" x 13'4" | 193.42 sq ft | 2 |
| 5 (2 nd floor) | 13'3" x 10'6" | 141.1 sq ft | 1 |

The indoor living and dining areas measure a total of 216.46 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. The main floor of the home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30-inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

Based on the above information, this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Eden Prairie Residential Care, LLC, submitted a copy of the required documentation. Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) female and/or male adults, 18 years of age and older, whose diagnosis is aged, developmentally disabled, and or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs. 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, and the responsible agency.

Eden Prairie Residential Care, LLC will ensure that the resident's transportation and medical needs are met. Eden Prairie Residential Care, LLC has transportation available for residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Eden Prairie Residential Care, LLC., a "Domestic Limited Liability Company," established in Michigan on 05/15/2017. 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.

The members of Eden Prairie Residential Care, L.L.C. have submitted documentation appointing Kehinde Ogundipe as licensee designee and administrator for this facility. Criminal history background check of Mr. Ogundipe was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Ogundipe submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Ogundipe has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Ogundipe has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from caring for AFC residents. Mr. Ogundipe has been working in the capacity of an administrator and providing direct care services to the mentally ill and developmentally disabled population since 2003.

The staffing pattern for the original license of these six (6) beds facility is adequate and includes a minimum of one (1) staff for six (6) residents per shift. Mr. Ogundipe acknowledged that the staff-to-resident ratio may need to be increased to provide the

level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Mr. Ogundipe has indicated that direct care staff will be awake during sleeping hours.

Mr. Ogundipe acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Mr. Ogundipe acknowledged an understanding of the responsibility to assess the good moral character of employees. Mr. Ogundipe acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Mr. Ogundipe acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee(s) or licensee designee will administer medication to residents. In addition, Mr. Ogundipe 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.

Mr. Ogundipe acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Mr. Ogundipe acknowledged the responsibility to maintain all required documentation in direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Ogundipe acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Mr. Ogundipe 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.

Mr. Ogundipe acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Ogundipe acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Mr. Ogundipe acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created

for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's person money transactions that have been agreed to be managed by the applicant.

Mr. Ogundipe 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 these resident rights.

Mr. Ogundipe 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.

Mr. Ogundipe 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.

Mr. Ogundipe 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 temporary license and special certification (developmentally disabled and mentally ill) to this AFC adult small group home (capacity 1-6) effective May 22, 2023.




05/16/2023

Derrick Britton
Licensing Consultant

Date

Approved By:



05/22/2023

Mary E. Holton
Area Manager

Date