



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: Application #: AS330410066
Bell Oaks at Ionia
1201 W Ionia St
Lansing, MI 48915

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.

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 #:	AS330410066
Applicant Name:	Eden Prairie Residential Care, LLC
Applicant Address:	G 15 B 405 W Greenlawn Lansing, MI 48910
Applicant Telephone #:	(214) 250-6576
Administrator:	Kehinde Ogundipe
Licensee Designee:	Kehinde Ogundipe
Name of Facility:	Bell Oaks at Ionia
Facility Address:	1201 W Ionia St Lansing, MI 48915
Facility Telephone #:	(214) 250-6576
Application Date:	08/23/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/23/2021	Enrollment Online App download failure
08/24/2021	Contact - Document Received 1326 & AFC100 for Ken
08/24/2021	SC-Application Received - Original
03/09/2022	Application Incomplete Letter Sent no previous letter sent by CP.
04/05/2022	Comment- Licensee designee Ken Ogundipe indicated that he would let his licensing consultant know when Bell Oaks at Ionia is ready for inspection.
11/18/2022	Contact - Document Sent- Emailed 10-Day Inactive Withdrawn Application Letter to licensee designee Ken Ogundipe.
11/22/2022	Contact - Document Received- Email received from licensee designee Ken Ogundipe indicating this project was delayed for various reasons.
05/19/2023	Contact - Document Received- Licensee Designee Ken Ogundipe emailed requesting an Original onsite inspection be completed at Bell Oaks at Ionia. I scheduled an Original onsite inspection for 06/12/2023 at 2:00 p.m.
06/11/2023	Application Complete/On-site Needed
06/12/2023	Inspection Completed On-site
06/12/2023	Inspection Completed-BCAL Full Compliance
06/12/2023	SC-Recommend MI and DD
06/15/2023	SC-Certification issued MI and DD
06/21/2023	SC-Intent letter sent to Mr. Ogundipe.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bell Oaks at Ionia Adult Foster Care facility is located at 1201 W Ionia Street Lansing, MI 48915 just west of downtown Lansing, Michigan. It is a country style two-story home and has public bus transportation available within walking distance. There is parking available for visitors and direct care staff members in front of the facility and a driveway located on the eastside of the facility. It has paved sidewalks along the roadways and leading up to the front door.

The facility is not wheelchair accessible because it does not have any means of approved egress equipped with a ramp leading from the first or second floor to grade level. All forms of egress on the first floor are accessible with stairs and railings. The applicant and proposed Administrator/Licensee Designee Kehinde Ogundipe is aware the facility is not approved to accept residents who need assistive devices for mobility purposes.

The facility has been completely remodeled with new double-hung windows throughout. The home has an open concept with the front door opening to a large hallway leading to a spacious living/dining/kitchen area and stairs to the right leading up to the second floor. The original hardwood flooring has been restored in the living room and several bedrooms and new vinyl flooring has been installed in the kitchen/dining area, the two full bathrooms, and the remainder of bedrooms. The kitchen and bathrooms have been completely remodeled.

There are six spacious resident bedrooms in this facility allowing each resident to have their own private room. The main floor of the facility has two resident bedrooms and a full bathroom. The bedrooms on the main floor are located on opposite sides of the living room. The bathroom is located directly behind the kitchen and is equipped with a walk-in shower.

The second story has four resident bedrooms and a private bathroom equipped with a walk-in shower. There is plenty of space for the residents' belongings and for storage.

The facility utilizes public water and sewage disposal system. The home has a natural gas-forced air furnace for heat. The furnace and hot water heater are in the basement of the facility which is not accessible to residents. The basement door is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door leading to the basement and all other building materials utilized provide appropriate floor separation.

The furnace and hot water heater were inspected on March 19, 2023, by a licensed contractor who verified both are safe and in good working order.

The facility is equipped with an interconnected, hardwired smoke and carbon monoxide detection system with battery back-up. The system was installed by a licensed electrician and is fully operational. There are fire extinguishers on every floor of the facility for safety.

Six 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 11' 5"	134.55	1
2	11' 3" x 9' 7"	109.61	1

3	15' 10" x 11' 7"	176.67	1
4	13' 2" x 8' 0"	105.60	1
5	11' 7" x 7' 11"	83.19	1
6	11' 2" x 8' 8"	98.56	1

Given the bedroom sizes and one resident per room, the facility's bedroom space exceeds the required 80 square feet per resident.

The indoor living, dining, and sitting areas measure a total of 334.61 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six residents. It is the applicant'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 female residents who are developmentally disabled and/or mentally ill. The program will include social interaction skills, community living skills, personal hygiene, activities of daily living, personal adjustment skills, and public safety skills. An assessment plan will be developed and implemented for each resident. Social, health, behavioral, and crisis intervention programs will be developed as identified in the assessment plan. These program items will be implemented only by trained direct care staff members with prior approval of the resident, guardian, and responsible agency.

The home will provide transportation to the residents and public transportation is available also.

The applicant intends to accept referrals from Community Mental Health Agencies. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff members 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 movie theaters, walking/biking trails, shopping centers, local museums, dining out, sporting events, churches, libraires and community events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Eden Prairie Residential Care, LLC, a "For Profit Corporation" 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 checks were completed for Mr. Ogundipe, 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 currently owns and is the Licensee Designee/Administrator of 12 other licensed AFC facilities in Michigan serving developmentally disabled and mentally ill residents. Mr. Ogundipe previously had a home care agency and other adult foster care homes in Texas.

The staffing pattern for the original license of this 6-bed all female facility is adequate and includes a minimum of 1 direct care staff member for 6 residents per shift. The applicant acknowledged the 1 direct care staff member for 6 residents' ratio may need to be increased to provide the level of supervision and/or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated direct care staff members will be awake during sleeping hours. The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff members prior to each person working in the facility in this capacity or being considered as part of the direct care staff member to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of each direct care staff member. The applicant acknowledged the requirement for obtaining criminal record checks for each direct care staff member 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 only those direct care staff members who have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and 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 to be completed prior to each direct care staff member 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, direct

care staff member, and volunteer and follow the retention schedule for these 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 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 services fee paid each month and all the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring 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 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 the facility will not accept residents with mobility impairments because the facility is not wheelchair accessible.

D. Rule and 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 concurrent temporary special certification for developmentally disabled and mentally ill to this AFC adult small group home with a capacity of six residents.



06/15/2023

Rodney Gill
Licensing Consultant

Date

Approved By:



06/22/2023

Dawn N. Timm
Area Manager

Date