



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2023

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

RE: License #: AS330410067  
**Bell Oaks I At Coleman**  
**1711 Coleman Ave**  
**Lansing, MI 48910**

Dear Mr. Ogundipe:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330410067

**Licensee Name:** Eden Prairie Residential Care, LLC

**Licensee Address:** G 15 B  
405 W Greenlawn  
Lansing, MI 48910

**Licensee Telephone #:** (214) 250-6576

**Licensee Designee:** Kehinde Ogundipe

**Administrator:** Kehinde Ogundipe

**Name of Facility:** Bell Oaks I At Coleman

**Facility Address:** 1711 Coleman Ave  
Lansing, MI 48910

**Facility Telephone #:** (214) 250-6576

**Original Issuance Date:** 02/02/2023

**Capacity:** 4

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/17/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A  If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.**

Direct care staff members (DCSMs) Bertha Cager and Teria Young did not have a statement signed by a licensed physician or his or her designee attesting to the knowledge of their physical health.

**R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

DCSMs Ms. Cager and Ms. Young did not have documentation of a tuberculosis (TB) test in their Employee File.

**R 400.14208 Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

(f) Verification of reference checks.

DCSMs Ms. Cager and Ms. Young did not have two references in their Employee File.

A corrective action plan was requested and approved on 07/18/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



07/18/2023

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Rodney Gill  
Licensing Consultant

Date