



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 28, 2023

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

RE: Application #: AS630411891  
**Perry Home**  
**365 North Perry**  
**Pontiac, MI 48342**

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. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630411891
<b>Applicant Name:</b>	Eden Prairie Residential Care, LLC
<b>Applicant Address:</b>	G 15 B 405 W Greenlawn Lansing, MI 48910
<b>Applicant Telephone #:</b>	(214) 250-6576
<b>Administrator/Licensee Designee:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Perry Home
<b>Facility Address:</b>	365 North Perry Pontiac, MI 48342
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Application Date:</b>	02/28/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/28/2022	Enrollment
03/01/2022	Contact - Document Received 1326
04/05/2022	Application Incomplete Letter Sent Application Incomplete Letter emailed to licensee Ken Ogindupe.
09/29/2022	Contact - Document Received Deed received
05/15/2023	Inspection Completed On-site
05/15/2023	Inspection Completed-BCAL Sub. Compliance
05/16/2023	Application Incomplete Letter Sent
06/12/2023	Inspection Completed On-site
06/12/2023	SC-Application Received - Original
08/12/2023	Contact - Document Received Program statement, admission/discharge, personnel policies
09/08/2023	Contact - Document Received Floor plan

## II. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Perry Home is a colonial home located in a residential area of City of Pontiac. The home is a two-story structure with a full basement. The first floor consists of a living room, kitchen, dining room, two bedrooms and a full bathroom. The second floor consists of four bedrooms, and a full bathroom. This home is **NOT** wheelchair accessible. Perry Home utilizes public water supply and sewage disposal system.

The hot water heater and furnace are in the basement, which is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational, single-station smoke detectors have been installed near sleeping areas, on each

occupied floor of the home, in the basement and near all flame- or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'08" x 7'10"	83	1
2	13'01" x 9'08"	126	1
3	12'00" x 11'08"	140	1
4	10'06" x 8'03"	87	1
5	13'08" x 13'04"	182	1
6	12'01" x 9'08"	117	1
Total			<b><u>6</u></b>

The indoor living and dining areas measure a total of 254 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Mr. Ogundipe intends to provide 24-hour supervision, protection, and personal care to 6 male residents who are aged mentally ill and developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. Mr. Ogundipe intends to accept referrals from Macomb-Oakland Regional Center, Oakland County Housing Network and Oakland County Community Mental Health.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of Mr. Ogundipe to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. 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, L.L.C., 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 been working in the capacity of an administrator and providing direct care services to the mentally ill and developmentally disabled population since 2003. 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.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Mr. Ogundipe acknowledged that the staff to resident ratio may need to be increased in order 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 "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://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 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 acknowledge the responsibility to obtain the required written assessment, 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 personal 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 (s) 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.

**III. RECOMMENDATION**

I recommend issuance of a six-month temporary license to Perry Home, an adult foster care group home with a capacity of six **(6)** residents.

*Frodet Dawisha*

06/20/2023

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Frodet Dawisha  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

06/28/2023

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Denise Y. Nunn  
Area Manager

Date