



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 25, 2024

Bolaji Inuolaji  
3324 Springfield Avenue  
Kalamazoo, MI 49048

RE: Application #: AS390417769  
**Heritage homes afc**  
**3324 Springfield Avenue**  
**Kalamazoo, MI 49048**

Dear Bolaji Inuolaji:

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 and specialized certification for the mentally ill and developmentally disabled, are 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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390417769
<b>Licensee Name:</b>	Bolaji Inuolaji
<b>Licensee Address:</b>	3324 Springfield Avenue Kalamazoo, MI 49048
<b>Licensee Telephone #:</b>	(269) 532-4520
<b>Licensee:</b>	Bolaji Inuolaji
<b>Administrator:</b>	Bolaji Inuolaji
<b>Name of Facility:</b>	Heritage homes afc
<b>Facility Address:</b>	3324 Springfield Avenue Kalamazoo, MI 49048
<b>Facility Telephone #:</b>	(269) 270-3764
<b>Application Date:</b>	09/09/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

09/09/2023	On-Line Enrollment
09/11/2023	PSOR on Address Completed
09/20/2023	Contact - Document Received 1326/RI 030/AFC100 for Bolaji Inuolaji (referred to C Coburn for review)
09/21/2023	File Transferred To Field Office Lansing via SharePoint
09/28/2023	Application Incomplete Letter Sent
10/23/2023	Contact - Document Received Received the following: proof of ownership, initial medical, program statement, discharge, staff pattern, job descriptions, degree, cpr/first aid, 1 year of experience, resume, organizational chart, floor plan, budget, furnace inspection, electrical and smoke detector inspection, financial info, and credit report
10/26/2023	Contact - Document Received Training verification for Bolaji Inuolaji
11/20/2023	Inspection Completed On-site
11/20/2023	Inspection Completed-BCAL Sub. Compliance
11/30/2023	Contact - Document Sent Completed confirming letter and sent via email to licensee.
11/30/2023	Contact - Document Sent Sent via email to the licensee a specialized cert application and the specialized cert rules. I also sent the name of the person to contact at ISK for contracting.
12/01/2023	Contact - Document Received Received email from licensee containing the following: house phone number, statement to not use fireplace and statement about not being wheelchair accessible.
12/01/2023	Contact - Document Received Received info about smoke detectors
12/18/2023	SC-Application Received - Original
12/01/2023	Corrective Action Plan Received

12/01/2023	Corrective Action Plan Approved
12/18/2023	Inspection Completed On-site Conducted follow up inspection
12/18/2023	Inspection Completed-Env. Health : A Consultant completed the environmental health approval.
01/14/2024	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch style home built on a crawlspace in a neighborhood east of downtown Kalamazoo. It has a detached two car garage and parking for several vehicles in the driveway. There is also parking available on the street. The facility is less than a mile from the I-94 business loop, Kalamazoo Sheriff's Department and Kalamazoo County Fairgrounds/Expo Center. The facility is also less than a 10 minute drive to I-94 highway, downtown Kalamazoo, and an approximate 15 minute drive to Portage, Michigan. Due to the location of the facility, a multitude of restaurants, shopping centers and stores are within a 15 minute drive.

The Davis Creek is in the facility's backyard; however, the home's backyard is surrounded with a fence. Based on the location of the facility, it utilizes the public water and sewage system. The consultant completed the environmental health inspection, which was approved. The home has a ramp on the front of the facility and another ramp on the side of the facility; however, all the doors of the facility were measured during the inspections and not all of them met the minimum requirement of 32 inches for a wheelchair. Subsequently, the facility is not wheelchair accessible.

The facility's front door opens to an open laundry area on the right with a washer and dryer and encompasses a separate enclosed room for the furnace and hot water heater. The dryer is equipped with a permanent vent to the outside of the facility. Just beyond this open area on the left hand side is a resident bedroom. Just passed this bedroom is a bathroom, which has a toilet, sink, and sit-down shower. Across from the bathroom is the facility's kitchen and dining room. A door off the dining room leads to a deck, the facility's second wheelchair ramp and a large backyard. Across from the dining room is another resident bedroom, which has an attached half bath that will only be utilized by the residents who reside in the bedroom. This half bath has a sink and toilet. Beyond the dining room is the facility's living area with a gas powered fire place; however, the licensee submitted a statement he would not utilize this fireplace. The final resident

bedroom is located off the living room. This bedroom has a large walk-in closet and ensuite bathroom, which will only be utilized by the residents who reside in the bedroom. The bathroom has a sink, toilet, and shower/tub combination. There are no non-resident bedrooms in the facility.

The gas furnace and hot water heater are in an enclosed room within the laundry room area. This room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. On file is documentation the furnace was inspected on 10/18/2023 and determined to be in good working condition. On file is documentation the facility's electrical system was inspected on 10/18/2023 and determined to be functioning and in good working condition.

The facility is equipped with an interconnected wireless smoke detection system, with battery backup. On file is documentation the smoke alarms were inspected by a licensed electrician on 10/18/2023 and determined to be installed correctly and functioning properly. The wireless smoke alarm system manufacturer is "AEGISLINK", which incorporate wireless interconnect capability, whereas when one interconnected unit sounds an alarm, all other compatible wireless units in the wireless alarm network will alarm. The alarm interconnect shall be supervised, where an audible and visual indication is given if the alarm loses connection to other units in the network. Smoke detectors are located in each bedroom, in the area by the laundry and furnace, in the living room, and kitchen.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 ft 3 in x 12 ft 6 in	153 sq ft	2
2	13 ft x 12 ft	156 sq ft	2
3	16 ft x 12 ft 6 in	200 sq ft	2

The living, dining, and sitting room areas measure a total of 660 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

## **B. Program Description**

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)** male or female ambulatory adults whose diagnosis is developmental disability and mentally ill, in the least restrictive environment possible. The applicant intends to

offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in their Assessment Plans for AFC Residents and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The facility will make provisions for a variety of leisure and recreational equipment and provide transportation for all residents' programming and medical needs as agreed upon in the resident's Resident Care Agreement.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' Assessment Plan for AFC Residents and individual plans of service. These programs shall be implemented only by trained staff, and only with the prior approval of the residents, their guardians, and their responsible agencies.

### **C. Applicant and administrator qualifications:**

The applicant, Bolaji Inuolaji, has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's credit report and the budget statement submitted to operate the adult foster care facility. The applicant also has cash in savings and income from the applicant's spouse who has outside employment.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. Bolaji Inuolaji, the applicant and administrator, submitted a medical clearance request with a statement from a physician documenting his good health and current negative TB test results.

Bolaji Inuolaji provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules to be the licensee and administrator. Bolaji Inuolaji has over two years of experience working and volunteering in local adult foster care facilities providing residents with assistance in their activities of daily living. Bolaji Inuolaji has experience with bathing, dressing, grooming, toileting, and administering medications to residents with mental illness, developmental disabilities, and who are physically handicapped.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the direct care staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant 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.

The applicant acknowledges their 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, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

### **C. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.



**IV. RECOMMENDATION**

I recommend issuance of a six-month temporary license and specialized certification to this small adult foster care group home with a capacity of six residents.

*Cathy Cushman*

01/18/2024

---

Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/25/2024

---

Dawn N. Timm  
Area Manager

Date