



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 2, 2024

Yewande Okubanjo  
PO Box 4625  
East Lansing, MI 48826

RE: License #: AS330393478  
**His Able Hands**  
**509 West Barnes Avenue**  
**Lansing, MI 48910**

Dear Ms. Okubanjo:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that 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 'Jana Lipps'.

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330393478
<b>Licensee Name:</b>	Yewande Okubanjo
<b>Licensee Address:</b>	507 West Barnes Avenue Lansing, MI 48910
<b>Licensee Telephone #:</b>	(404) 992-2222
<b>Licensee:</b>	Yewande Okubanjo
<b>Administrator:</b>	Olufemi Okubanjo
<b>Name of Facility:</b>	His Able Hands
<b>Facility Address:</b>	509 West Barnes Avenue Lansing, MI 48910
<b>Facility Telephone #:</b>	(404) 992-2222
<b>Original Issuance Date:</b>	12/20/2018
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/02/2024

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 1

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Administrator

- 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. The licensee does not hold cash funds for any of the current residents.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection took place after the noon meal.
- 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:  
11/1/23, 206(1), 208(3), 507(5), 734(b) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
The licensee holds a current variance for Rule 315(3) regarding resident funds tracking. The licensee utilizes an electronic tracking format. I was able to review this program during this inspection.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



7/2/24

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Jana Lipps  
Licensing Consultant

Date