



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 29, 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 Addendum to the Original Licensing Study Report for the above referenced facility.

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 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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS330393478
Licensee Name:	Yewande Okubanjo
Licensee Address:	507 West Barnes Avenue Lansing, MI 48910
Licensee Telephone #:	(404) 992-2222
Licensee:	Yewande Okubanjo
Administrator:	Olufemi Okubanjo
Name of Facility:	His Able Hands
Facility Address:	509 West Barnes Avenue Lansing, MI 48910
Facility Telephone #:	(404) 992-2222
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. Purpose of Addendum

Licensee, Yewande Okubajo, submitted a request to modify the current license to include the population type, Mentally Ill, as a population to be served at the facility.

III. Methodology

On 7/18/24 licensee, Yewande Okubanjo submitted a *Request for Modification of the Terms of the Registration/License*, document for the His Able Hands (AS330393478) facility, dated 7/17/24. The document noted a “Request to modify current program to include mentally ill clients”. I requested updated resumes be submitted for Ms. Okubanjo and facility Administrator, Olufemi Okubanjo. On 8/15/24 I received updated resumes from Ms. Okubanjo and Mr. Okubanjo as requested. I reviewed these resumes for proof of one year of experience working as a direct care provider with individuals diagnosed with mental illness. On 8/28/24, I also requested an updated program statement for the facility to reflect the addition of mentally ill individuals in the population types being served by the facility. This updated program statement was received, reviewed, and approved on this date.

IV. Description of Findings and Conclusions

In reviewing Ms. Okubanjo’s resume, it has been determined that she has worked in the capacity of a certified nursing assistant for multiple nursing homes and private duty care agencies since 2015. Her resume notes that she has gained experience in these positions working with residents of these agencies who have been diagnosed with mental illness. Mr. Okubanjo’s resume identifies that he has over one year of experience working as a direct care provider for residents with mental illness at an adult care facility in Mt. Pleasant, MI, from July 2016 through September 2017. It can be determined that Ms. Okubanjo and Mr. Okubanjo possess the experience required to add mental illness as a population type to be served at this facility.

V. Recommendation

Modify the terms of the license to include mental illness as a population type to be served at the facility.

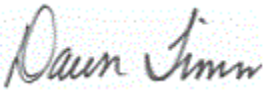


8/28/24

Jana Lipps
Licensing Consultant

Date

Approved:



Dawn Timm
Area Manager

08/29/2024
Date