



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 10, 2024

Kikelomo Ojubanire
Elohim Home Care LLC
869 Monroe
Ypsilanti, MI 48197

RE: Application #: AS810418212
Elohim Home Care LLC
869 Monroe
Ypsilanti, MI 48197

Dear Ms. Ojubanire:

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Vanita C. Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS810418212

Applicant Name: Elohim Home Care LLC

Applicant Address: 869 Monroe
Ypsilanti, MI 48197

Applicant Telephone #:

Administrator/Licensee Designee: Kikelomo Ojubanire

Name of Facility: Elohim Home Care LLC

Facility Address: 869 Monroe
Ypsilanti, MI 48197

Facility Telephone #: (248) 499-2943
01/24/2024

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODOLOGY

01/24/2024	Enrollment
01/29/2024	PSOR on Address Completed
01/29/2024	Application Incomplete Letter Sent 1326/RI030, AFC100, Updated application, Additional \$45.00, and must provide the FEIN on the application
01/29/2024	Contact - Document Sent forms sent
03/22/2024	Contact - Document Received AFC100, 1326/RI030, Additional App Fee Chk#1214 Amt: \$45.00, IRS letter
04/01/2024	Application Incomplete Letter Sent
06/10/2024	Application Complete/On-site Needed
06/13/2024	Inspection Completed-BCAL Sub. Compliance
06/14/2024	Application Incomplete Letter Sent
07/22/2024	Contact - Document Sent
08/09/2024	Contact - Document Sent
09/06/2024	Inspection Completed – BCAL Full Compliance
09/07/2024	Recommend License Issuance
09/07/2024	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Elohim Home Care LLC adult foster care facility is a colonial home located in a residential area in Ypsilanti, MI. The home consists of front screened in porch, dining, living room, game room, kitchen, laundry room, two resident bedrooms and full bathroom on the main floor. The second floor consists of three resident bedrooms, lounge area, and kitchenette (not full kitchen, but area for small dining set, mini fridge or microwave).

The home is not wheelchair accessible and utilizes public water and sewer systems.

The gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.3 X 9.6	118 SQ. FT.	1
2	11.10 X 9.4	104 SQ. FT.	1
3	11.5 X 8.4	96 SQ. FT.	1
4	11.11 X 11.8	131 SQ. FT.	1
5	11.3 X 7.5	85 SQ. FT.	1
6	12.1 X 7.10	86 SQ. FT.	1

The ceilings in bedrooms number #3 and #4 measure 6 ft. 8 in. and 6ft. 11 in. respectively and meet the usable floor space as defined in the licensing rules for small group homes. The living, dining, and sitting room areas, including 2nd floor living spaces, measure a total of 603 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 developmentally disabled, mentally impaired or Alzheimer disease, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from (Washtenaw County-DHS, Washtenaw County CMH, or private pay individuals) as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Elohim Home Care, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 0/0/0. 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 Elohim Home Care, L.L.C. have submitted documentation appointing Kikelomo Ojbanire as Licensee Designee for this facility and Kamilu Ojbanire as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The applicant licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the 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 not be awake during sleeping hours.

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) 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 or licensee designee, 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, 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care (small **or** large) group home (capacity 1 - 6).



Vanita C. Bouldin
Licensing Consultant

Date: 09/06/2024

Approved By:



Ardra Hunter
Area Manager

Date: 09/10/2024