



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 10, 2024

Yewande Okubanjo  
PO Box 4625  
East Lansing, MI 48826

RE: License #: **AS330387746**  
**Shalom Adult Foster Care**  
**507 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>	AS330387746
<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/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Olufemi Okubanjo
<b>Name of Facility:</b>	Shalom Adult Foster Care
<b>Facility Address:</b>	507 West Barnes Avenue Lansing, MI 48910
<b>Facility Telephone #:</b>	(517) 721-1916
<b>Original Issuance Date:</b>	09/27/2017
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/10/2024

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 0

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
The two residents of the facility were not present during the renewal inspection.
- 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 either 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:  
Follow up conducted regarding CAP dated 5/1/24 for rule violations 305(3),  
206(1)(2), in regards to SIR #2024A1033034. N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐  
Licensee has a current variance for Rule 315(3) regarding resident funds. The licensee uses an electronic system to track room and board payments. This system was reviewed during this inspection.

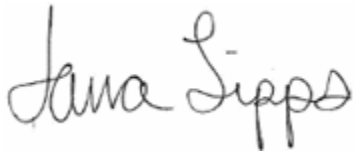
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



10/10/24

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Jana Lipps  
Licensing Consultant

Date