



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 7, 2025

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

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

Dear Ms. Ojubanire:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (313) 456-0380.

Sincerely,

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS810418212
<b>Licensee Name:</b>	Elohim Home Care LLC
<b>Licensee Address:</b>	869 Monroe Ypsilanti, MI 48197
<b>Licensee Telephone #:</b>	(734) 340-5911
<b>Licensee/Licensee Designee:</b>	Kikelomo Ojubanire
<b>Administrator:</b>	Kamilu Ojubanire
<b>Name of Facility:</b>	Elohim Home Care LLC
<b>Facility Address:</b>	869 Monroe Ypsilanti, MI 48197
<b>Facility Telephone #:</b>	(248) 499-2943
<b>Original Issuance Date:</b>	09/10/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2025

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed [ ] Role: [ ]

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No residents admitted during the temporary license period.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- Fire safety equipment and practices observed? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☒ N/A ☐  
If no, explain. No residents admitted during the temporary license period.
- Water temperatures checked? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- Incident report follow-up? Yes ☐ No ☒ If no, explain.  
No residents admitted during the temporary license period.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:  
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial non-compliance with rules and requirements. The following rule violation was found:

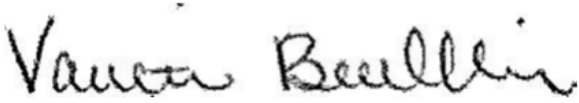
**R 400.713(3)** License required; application; form; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; “completed application” defined.

**(3) Before issue or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an onsite evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the application.**

On 04/02/2025, I completed an onsite inspection. There were no residents admitted to the facility during temporary license period.

#### IV. RECOMMENDATION

A corrective action plan has been received and approved; therefore, I recommend the status of the license be changed to a 1<sup>st</sup> provisional license.



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Vanita C. Bouldin  
Licensing Consultant

Date: 04/03/2025

Approved By:



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Ardra Hunter  
Area Manager

Date: 4/7/2025