



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 18, 2026

Kehinde Ogundipe
Eden Prairie Residential Care, LLC
325
405 W Greenlawn
Lansing, MI 48910

RE: License #: AS330411029
Investigation #: 2026A1033024
Bell Oaks At Hillsdale

Dear Mr. Ogundipe:

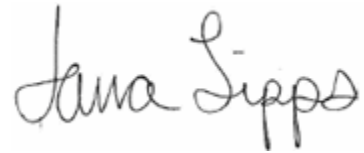
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in a dark ink and is positioned below the word "Sincerely,".

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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS330411029
Investigation #:	2026A1033024
Complaint Receipt Date:	03/08/2026
Investigation Initiation Date:	03/12/2026
Report Due Date:	05/07/2026
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	325 405 W Greenlawn Lansing, MI 48910
Licensee Telephone #:	(214) 250-6576
Administrator:	Kehinde Ogundipe, Designee
Licensee Designee:	Kehinde Ogundipe, Designee
Name of Facility:	Bell Oaks At Hillsdale
Facility Address:	521 W. Hillsdale St. Lansing, MI 48933
Facility Telephone #:	(214) 250-6576
Original Issuance Date:	09/20/2022
License Status:	REGULAR
Effective Date:	03/20/2025
Expiration Date:	03/19/2027
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
There is not adequate food at the facility to feed the current residents.	No
Additional Findings	Yes

III. METHODOLOGY

03/08/2026	Special Investigation Intake 2026A1033024
03/10/2026	APS Referral Denied APS referral.
03/12/2026	Special Investigation Initiated - On Site Interviews conducted with direct care staff, Juanita Sotelo & Misty Gonzales, Resident B and Resident C. Review of resident records initiated.
03/12/2026	Inspection Completed-BCAL Sub. Compliance
03/13/2026	Exit Conference Conducted with licensee designee, Kehinde Ogundipe, via email.

ALLEGATION: There is not adequate food at the facility to feed the current residents.

INVESTIGATION:

On 3/9/26 I received an online complaint regarding the Bell Oaks at Hillsdale, adult foster care facility (the facility). The complaint alleged the facility has been out of food for two weeks. The complaint further alleged that the direct care staff members have been bringing food from their own homes to feed the residents. This complaint was anonymous in nature, and a Complainant was not available to interview.

On 3/12/26 I conducted an unannounced, on-site investigation at the facility. I interviewed direct care staff/program director, Juanita Sotelo, regarding the allegations. Ms. Sotelo reported that there has never been a shortage of food at the facility. She reported that licensee designee, Kehinde Ogundipe, budgets \$250 per resident every two weeks for groceries. Ms. Sotelo reported that grocery shopping is done every two weeks and currently there are three residents residing at the facility. Ms. Sotelo reported

that the budget provided for grocery expenses has been adequate and there is always adequate food to prepare for the residents. She further reported that there was an issue with three direct care staff members potentially stealing food on their shift in January 2026. Ms. Sotelo reported that she could not prove the food was stolen by these three staff members but reported that food was purchased prior to their shift and the next shift the food items were missing. She reported that these direct care staff members were terminated as 6lbs of hamburger and around 3 dozen eggs were noted to be missing after their shift.

During the on-site investigation on 3/12/26 I interviewed direct care staff/home manager, Misty Gonzales. Ms. Gonzales reported the facility is always adequately stocked with groceries for the residents. Ms. Gonzales reported that she is responsible for calling in the grocery orders through Walmart and that she also picks up bulk paper products from Costco. Ms. Gonzales confirmed that the budget for the grocery orders is provided by Mr. Ogundipe twice per month. Ms. Gonzales reported this money being adequate to purchase food items for the current residents. Ms. Gonzales was able to provide the menu for the facility and show this consultant the food items at the facility to prepare the meals that were planned for today. Ms. Gonzales also noted that in January 2026 some food items, such as hamburger and eggs, were found to be missing from the facility. She reported that three former direct care staff members were working the shift when the food items were found missing. She further reported that these direct care staff members no longer work at the facility.

During the on-site investigation on 3/12/26 I interviewed Resident A regarding the allegation. Resident A reported that he has never experienced an issue with a lack of food at the facility. He reported that the meals are prepared and provided for the residents by the direct care staff members. He reported that the serving sizes are large enough and he feels the food is adequate for his needs. Resident A reported that he would like a little more variation in the menu, but also confirmed that he is never lacking for something to eat or left feeling hungry.

During the on-site investigation on 3/12/26 I interviewed Resident B regarding the allegation. Resident B reported that he has zero concerns about the facility or the meals being provided. Resident B reported that the residents are always provided with adequate meals by the direct care staff members and he feels he receives proper portion sizes. Resident B reported that there has always been food available at the facility.

During the on-site investigation on 3/12/26 I conducted a walkthrough of the facility kitchen and food storage areas. I observed the following:

- Menus posted on the refrigerator for the month of March 2026. These menus demonstrated a variety of foods being served at the facility. The menu included three meals per day and two snacks.
- A bread box equipped with bread, bagels, and hotdog buns.
- Pancake/waffle mix & mashed potato mix.
- Large bag of potatoes

- Boxes of dry pasta, a variety of canned vegetables, sugar free Jello packets.
- Peanut butter, canned soups, ramen noodles, canned meats (chicken & tuna)
- A chest freezer with packages of bacon, chicken, and loaves of bread.
- Four gallons of milk.
- A cupboard with hamburger buns, crackers, and oatmeal.
- Snack chips, orange juice, and apple juice.
- Fresh veggies, yogurt cups, fresh fruit (oranges & bananas), 3 dozen eggs, cheese slices, cottage cheese.
- A variety of frozen vegetables, frozen fish, frozen chicken nuggets, frozen sausage patties.

APPLICABLE RULE	
R 400.665	Food service.
	(1) A facility shall be properly equipped to prepare and serve adequate meals.
ANALYSIS:	Based upon the interviews conducted and observations made during the unannounced, on-site investigation it can be determined that there is not sufficient evidence to suggest that the nutritional needs of the current residents are not being met at the facility. I interviewed two of the three residents, who confirmed that they feel they received adequate nutrition and food is readily available. I observed a variety of frozen, canned, and fresh foods at the facility. Ms. Sotelo and Ms. Gonzales were able to properly demonstrate that the food on hand was adequate to fulfill the requirements of the current menu plan. A violation will not be established at this time.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 3/12/26 I conducted an unannounced, on-site investigation at the facility. I reviewed the following documents:

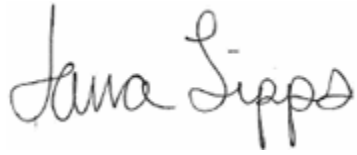
- *Assessment Plan for AFC Residents*, for Resident C, dated 10/7/24.
- *Health Care Appraisal*, for Resident C, dated 9/26/24.
- *Assessment Plan for AFC Residents*, for Resident A, dated 9/25/24.
- *Health Care Appraisal*, for Resident A, dated 12/4/24.

During the on-site investigation I interviewed Ms. Sotelo regarding the resident records being reviewed. Ms. Sotelo could not produce current copies of Resident A and Resident C's *Assessment Plan for AFC Residents* documents or *Health Care Appraisals*.

APPLICABLE RULE	
R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	<p>(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.</p> <p>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</p>
ANALYSIS:	Based upon the interview conducted with Ms. Sotelo and review of resident records, it can be determined that there was not a current assessment plan or health care appraisal available for Resident A or Resident C at the time of the on-site investigation. Both the assessment plan and health care appraisal should be updated annually, therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the current status of the license recommended at this time.

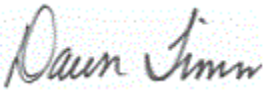


3/17/26

Jana Lipps
Licensing Consultant

Date

Approved By:



03/18/2026

Dawn N. Timm
Area Manager

Date