GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2026

Bolaji Inuolaji
3324 Springfield Avenue
Kalamazoo, MI 49048

RE: License #: AS390417769
**Heritage homes afc**
**3324 Springfield Avenue**
**Kalamazoo, MI 49048**

Dear Bolaji Inuolaji:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for developmentally disabled and mentally ill populations, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 335-5985.

Sincerely,

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI  48909
(269) 615-5190

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AS390417769 |
| **Licensee Name:** | Bolaji Inuolaji |
| **Licensee Address:** | 3324 Springfield Avenue<br>Kalamazoo, MI 49048 |
| **Licensee Telephone #:** | (269) 532-4520 |
| **Licensee Designee:** | N/A |
| **Administrator:** | Bolaji Inuolaji |
| **Name of Facility:** | Heritage homes afc |
| **Facility Address:** | 3324 Springfield Avenue<br>Kalamazoo, MI 49048 |
| **Facility Telephone #:** | (269) 270-3764 |
| **Original Issuance Date:** | 01/25/2024 |
| **Capacity:** | 6 |
| **Program Type:** | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 06/09/2026

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 4
No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- 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: 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 found to be in non-compliance with the following rules:

**R 400.619 Emergency preparedness plan.**

**(2) An emergency preparedness plan must include all of the following:**
**(c) Locations of alarm signals and fire extinguishers.**

**FINDING:** The facility's emergency preparedness plan did not include the locations of alarm signals and fire extinguishers.

**R 400.619 Emergency preparedness plan.**

**(3) A licensee must have a written fire safety plan that includes all of the following:**
**(a) Use of and response to alarms.**
**(b) Notification of an alarm to the fire department.**
**(c) Isolation of fire.**
**(d) Evacuation of the facility.**
**(e) Closure of bedroom doors and corridor access doors on exiting.**
**(f) Use of fire extinguishers.**

**FINDING:** The facility's emergency preparedness plan did not include the use of and response to alarms, notification of an alarm to the fire department, if applicable, isolation of fire, evacuation of the facility, closure of bedroom doors and corridor access doors on exiting or the use of fire extinguishers.

**R 400.619 Emergency preparedness plan.**

**(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.**

**FINDING:** There was no verification the licensee was instructing and retraining all staff quarterly on their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment.

**R 400.639 Staff records.**

**(1) A licensee shall maintain a record for each staff that contains all of the following:**
**(e) Verification of experience, highest level of education completed, and training.**

**FINDING:** No staff file contained verification of the employee's highest level of education completed.

**R 400.639 Staff records.**

**(1) A licensee shall maintain a record for each staff that contains all of the following:**
**(f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained.**

**FINDING:** No staff file contained verification of two reference checks.

**R 400.645 Environmental health.**

**(9) Hand-washing fixtures must be provided in both the kitchen and bathroom areas and include hot and cold water, soap, and individual towels.**

**FINDING:** Common cloth hand towels were observed in the facility's bathrooms and were being used by multiple residents.

**R 400.665 Food service.**

**(3) Food must be protected from contamination while being transported, stored, prepared, and served.**

**FINDING:** Leftover food stored in a plastic bag in the refrigerator was leaking onto surrounding surfaces and was not protected from contamination.

**R 400.665 Food service.**

**(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.**

**FINDING:** Leftover food in the refrigerator was not labeled to identify the prepared or opened date and an expiration or discard date.

**R 400.675 Resident medications.**

**(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.**

**FINDING:** Resident A's his Medication Administration Record (MAR) listed Levothyroxin Tab 88 mcg, Famotidine Tab 20 mg, Ketoconazole Cre 2%, Benztropine Tab 1 mg, and Chlorhexidine Gluconate 0.12%; however, the medications were not available for administration and no discontinue orders were available for review.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized is recommended.

06/09/2026

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Cathy Cushman Date
Licensing Consultant