



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 21, 2019

Kehinde Ogundipe  
Eden Prairie Residential Care, LLC  
302 Welch Blvd.  
Flint, MI 48503

RE: Application #:	AS250392427 <b>Welch Home</b> <b>302 Welch Blvd.</b> <b>Flint, MI 48503</b>
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Dear Mr. Ogundipe:

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 (517) 284-9720.

Sincerely,

Susan Sells, Licensing Consultant  
Bureau of Community and Health Systems  
4809 Clio Road  
Flint, MI 48504  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250392427
<b>Licensee Name:</b>	Eden Prairie Residential Care, LLC
<b>Licensee Address:</b>	302 Welch Blvd. Flint, MI 48503
<b>Licensee Telephone #:</b>	(214) 250-6576
<b>Administrator/Licensee Designee:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Welch Home
<b>Facility Address:</b>	302 Welch Blvd. Flint, MI 48503
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Application Date:</b>	02/02/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

02/02/2018	On-Line Enrollment
02/06/2018	Contact - Document Sent Rule and act books
05/07/2018	Application Incomplete Letter Sent
06/20/2018	Application Incomplete Letter Sent Emailed and sent via USPS mail a second copy of the application incomplete letter dated 5/7/18
08/08/2018	Contact - Document Received Application documents received
08/08/2018	SC-Application Received - Original
08/30/2018	Application Incomplete Letter Sent 2nd application incomplete letter--emailed to Licensee
10/22/2018	Application Incomplete Letter Sent Via email
10/30/2018	Contact - Document Received All documents received except for updated medical clearance
11/20/2018	Inspection Completed On-site
11/20/2018	Inspection Completed-BCAL Sub. Compliance
12/14/2018	Corrective Action Plan Received
12/14/2018	Corrective Action Plan Approved
01/29/2019	Contact - Document Received Email received from Mr. Ogundipe regarding progress made on CAP
02/25/2019	Contact - Document Received Email from licensee stating that remaining items on CAP will be complete next week
03/14/2019	Inspection Completed-BCAL Full Compliance
03/21/2019	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Welch Home Adult Foster Care facility is located at 302 Welch Blvd. in the city of Flint. It is a two-story home located in an urban residential area. There are two egress doors, located at the front and rear of the facility.

This facility consists of five bedrooms, three full bathrooms, a kitchen, a dining room, and living room. The two main floor bedrooms are both single occupancy and one has an attached, full bathroom. A second full bathroom is off the kitchen on the main floor. Two of the bedrooms on the 2<sup>nd</sup> floor are double occupancy and these residents will have access to the 3<sup>rd</sup> full bathroom which is located on this floor. The licensee intends to use the 2<sup>nd</sup> floor East bedroom as a staff bedroom. All three bathrooms are equipped with shower safety bars. The dining room has available seating for all residents. The washer and dryer are located in the basement. The dryer is equipped with a solid metal vent which vents directly to the outside. This facility is not wheelchair accessible.

The furnace and hot water heater are located in the basement and are separated from the 1<sup>st</sup> floor by a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. On 2/19/19, the applicant had the furnace inspected and approved by Anthony Boone, an independent contractor, license #S2095468. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. Fire extinguishers are installed on each floor of the home.

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

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
1 <sup>st</sup> Floor Northwest	9'9" x 12'10"	125 sq. ft.	1
1 <sup>st</sup> floor East	9'3" x 12	111 sq. ft.	1
2 <sup>nd</sup> floor South	12 x 12'7"	151 sq. ft.	2
2 <sup>nd</sup> floor Southeast	18 x 10'9"	194 sq. ft.	2

The living and dining room areas measure a total of 297 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 ill, aged, and/or physically handicapped 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. Residents will be referred from local agencies including the Department of Health and Human Services, area agencies on aging, home health agencies, etc. The applicant intends to contract with local community mental health agencies as well.

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 ensure that the resident's transportation and medical needs are met and has transportation available for residents to access community-based resources and services. 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. This facility is not wheelchair accessible.

## **C. Licensee Designee and Administrator Qualifications**

The applicant is Eden Prairie Residential Care Services, LLC which is a Domestic Limited Liability Company established in Michigan on 05/15/2017. 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 applicant named Kehinde Ogundipe the administrator and licensee designee. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator, Kehinde Ogundipe . The licensee designee/administrator submitted a medical clearance request from a physician documenting his good health and current TB-tine negative results.

The licensee designee/administrator has 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 6-bed facility is adequate and includes a minimum of 1-staff-to-6-residents per shift. Staff will remain awake during the nighttime shift.

The applicant acknowledges an understanding of the training and qualification 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 IdentoGo website ([www.identigo.com](http://www.identigo.com)) by MorphoTrust USA and the related documents required to be maintained in each employees 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 his responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges his responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 his 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 his 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges his responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges his responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file. The applicant acknowledges his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

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

#### **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6.
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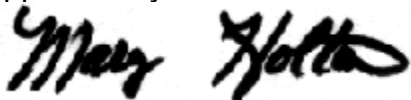


March 21, 2019

Susan Sells Licensing Consultant
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Date
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Approved By:



March 21, 2019

Mary E Holton Area Manager
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Date
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