



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 12, 2021

Fai Cheleuka  
Freedom Villa, Incorporation  
P.O. Box 7662  
Bloomfield Hills, MI 48302

RE: Application #: AS630403232  
**Whipple Lake Home**  
**5425 Whipple Lake Rd**  
**Clarkston, MI 48348**

Dear Ms. Cheleuka:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630403232
<b>Applicant Name:</b>	Freedom Villa, Incorporation
<b>Applicant Address:</b>	200 S. Cass Lake Rd. Waterford, MI 48328
<b>Applicant Telephone #:</b>	(947) 999-0096
<b>Administrator/Licensee Designee:</b>	Fai Cheleuka, Designee
<b>Name of Facility:</b>	Whipple Lake Home
<b>Facility Address:</b>	5425 Whipple Lake Rd Clarkston, MI 48348
<b>Facility Telephone #:</b>	(248) 707-6100
<b>Application Date:</b>	12/10/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODOLOGY

12/10/2019	Enrollment
01/27/2020	Contact - Document Received Correct corporate application received
01/27/2020	Application Incomplete Letter Sent 1326 & RI030 for Fai, AFC100 for Olayemi, tax ID letter
01/27/2020	Inspection Report Requested - Fire
01/27/2020	Contact - Document Sent 1326, RI030, AFC100
01/27/2020	Contact - Document Sent Fire Safety String
03/17/2020	Contact - Document Received Licensing file received from Central office
04/01/2020	Application Incomplete Letter Sent A copy of the application incomplete letter was sent to the licensee designee via email.
06/08/20	Contact-Document Received I received some required documents from the applicant.
07/28/20	Contact-Document Received I received some required documents from the applicant.
08/11/20	Contact-Document Received On or about 08/11/20, I received some required documents from the applicant.
08/27/20	Contact-Document Sent I sent a letter to the applicant via email, informing the applicant on the corrections that need to be made on some of the documents that were received. The applicant was also informed of the documents that were missing.
11/01/20	Contact-Document Received I received additional documents from the applicant.
12/10/20	Contact-Document Received I received additional documents from the applicant.

12/23/20	Inspection completed Onsite
12/23/20	Inspection Completed-BCAL Sub. Compliance
12/28/2020	Application Complete/On-site Needed A confirming letter was sent to the applicant via email.
01/08/2021	Inspection Completed-BCAL Full Compliance

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

#### **A. Physical Description of Facility**

This facility is a single-family ranch style home in Clarkston, MI. There are four bedrooms and two bathrooms. The main level consists of a recreation room, living room, kitchen, an office area, laundry area, both bathrooms, and all four residents' bedrooms. The living room is an open space that also consist of a dining room table. The home has two approved separate and independent means of egress with non-locking against egress hardware. This facility is wheelchair accessible as the exits in the home are on street level. There is parking available in the driveway. The facility has city water and sewage.

The furnace and the water heater are located in the basement. The basement will not be used for resident activities. The basement door is a solid core door equipped with an automatic self-closing device along with positive latching hardware. The facility is equipped with interconnected hardwire smoke detection system. The facility is also equipped with a pull station alarm system. A sprinkler system is also installed. There are fire extinguishers located in the kitchen, the basement, and in the hallway near the resident's bedrooms. A fire inspection was completed on 01/06/21 and; there were no concerns reported.

The refrigerator and freezer are equipped with thermometers. The home has locked cabinets in the kitchen for medications. The bedrooms have adequate space, linen, and an easily openable window with a screen installed. The bedrooms have a chair, mirror, dresser, and closet. The bedrooms and the bathrooms are equipped with non-locking against egress hardware. During the follow up onsite inspection, I observed the home to be in substantial compliance with rules pertaining to physical plant requirements.

The four resident bedrooms in the home measure as follows:

<b>Bedroom #</b>	<b>Room Dimensions</b>	<b>Total Square Footage</b>	<b>Total Resident Beds</b>
1	14'9" X 10'9"	158.56	1
2	10'11" X 15'4"	167.40	2
3	10'9" X 14'10"	159.42	1
4	10'9" X 15'4"	164.79	2

**Total Capacity: 6**

The living room, dining area, and family room measure a total of 745.48 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above-mentioned measurements, it is concluded that this facility can accommodate six residents. It is the licensee designee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

A copy of the program statement, admission policy, discharge policy, job descriptions, personnel policies, and standard procedures were reviewed and accepted as written. Whipple Lake Home will provide 24-hour supervision, protection, and personal care to six female and/or male residents. Whipple Lake Home will provide services tailored to the developmentally disabled, mentally ill, physically handicapped, and the elderly. Whipple Lake Home has completed an application for certification of specialized programs for mentally ill and developmental disability.

Whipple Lake Home will provide quality adult foster care in a home like setting. Whipple Lake Home goal is to assist its residents to live the best life possible within their limitations while maintain their health and safety which includes physical health. Whipple Lake Home believes that each resident is unique and given the support and opportunity all residents are capable of maximizing their potential. The residents will receive assistance with grooming, dressing, housekeeping, laundry, medication administration, meal preparation, privacy and leisure time, community and employment opportunities. Transportation to social activities, medical and dental appointments will also be provided. The facility intends to accept residents from Oakland County Health Network.

## **C. Applicant and Administrator Qualifications**

The licensee for the home is Freedom Villa, Incorporation. Freedom Villa, Incorporation is a non-profit corporation that has three licensed adult foster care group homes. The home is owned by Community Housing Network, Inc. I received a letter from

Community Housing Network, Inc. granting permission for Freedom Villa, Incorporation to occupy this facility. The letter also provided authorization for the home to be inspected and licensed as an adult foster care facility.

Ms. Fai Cheleuka will act as the licensee designee. Ms. Olayemi Sanni will act as the administrator. Whipple Lake Home submitted a proposed budget showing expected expenses and income to demonstrate the financial capability to operate this adult foster care facility. A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Cheleuka and Ms. Sanni. Ms. Cheleuka and Ms. Sanni submitted a medical clearance request with statements from a physician documenting their good health and current TB negative test results.

Ms. Cheleuka and Ms. Sanni have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Cheleuka is trained in nutrition, first aid, CPR, safety and fire prevention, resident rights, and prevention and containment of communicable diseases. Ms. Cheleuka is currently the licensee designee for three adult foster care group homes (AS630299536, AS630377897, AS630395183) for developmentally disabled, mentally ill, physically handicapped, and aged. Ms. Cheleuka's experience meets the qualifications for foster care, financial and administrative management, and knowledge of the needs of the population to be served.

Ms. Sanni is currently the administrator for one adult foster care group home (AS630395183) for developmentally disabled, mentally ill, physically handicapped, and aged. Ms. Sanni's experience meets the qualifications for foster care, financial and administrative management, and knowledge of the needs of the population to be served.

The staffing pattern for the original license of this six-bed facility is adequate and satisfies the requirements identified in the administrative group home rules.

Ms. Cheleuka acknowledged an understanding of the qualifications, suitability, and training 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.

Ms. Cheleuka acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, or 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 Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

Ms. Cheleuka acknowledged 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 designee can

administer medication to residents. In addition, Ms. Cheleuka indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Cheleuka acknowledged her responsibility to obtain all required moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Cheleuka acknowledged her responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Cheleuka acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. Cheleuka acknowledged her responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home. Ms. Cheleuka also agrees to update and complete those forms and obtaining new signatures for each resident on an annual basis.

Ms. Cheleuka acknowledged her responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Cheleuka acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Cheleuka acknowledged that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and; all of the resident's personal money transactions that have been agreed to be managed by the licensee designee.

Ms. Cheleuka acknowledged an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Cheleuka indicated that it is her intent to achieve and maintain compliance with these requirements.

Ms. Cheleuka acknowledged 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. Ms. Cheleuka indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Cheleuka acknowledged her responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

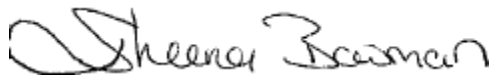
Ms. Cheleuka acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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

Whipple Lake Home was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### **IV. RECOMMENDATION**

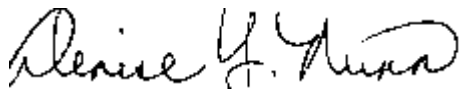
I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6). The temporary license will be in effect for a six-month period. A licensing renewal will be conducted following the six-month period.



Sheena Bowman  
Licensing Consultant

01/12/21  
Date

Approved By:



Denise Y. Nunn  
Area Manager

01/12/2021

Date