



STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

GRETCHEN WHITMER
GOVERNOR

ORLENE HAWKS
DIRECTOR

May 3, 2022

Kehinde Ogundipe
Eden Prairie Residential Care, LLC
G 15 B
405 W Greenlawn
Lansing, MI 48910

RE: Application #: AS330411028
Bell Oaks I At Moores River
123 Moores River
Lansing, MI 48910

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AS330411028
Applicant Name:	Eden Prairie Residential Care, LLC
Applicant Address:	G 15 B 405 W Greenlawn Lansing, MI 48910
Applicant Telephone #:	(214) 250-6576
Licensee Designee:	Kehinde Ogundipe
Administrator:	Kehinde Ogundipe
Name of Facility:	Bell Oaks I At Moores River
Facility Address:	123 Moores River Lansing, MI 48910
Facility Telephone #:	(517) 580-8157
Application Date:	12/01/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/01/2021	Enrollment
12/01/2021	File Transferred to Field Office Lansing via SharePoint.
12/14/2021	Application Incomplete Letter Sent.
02/02/2022	Contact - Document Received.
04/07/2022	Inspection Completed On-site.
04/07/2022	Inspection Completed-BCAL Sub. Compliance.
04/07/2022	Exit Conference with licensee designee Kehinde Ogundipe.
04/09/2022	Contact - Document Received email/pictures from licensee designee Kehinde Ogundipe with corrections that have been made.
04/25/2022	Contact - Document Received-additional corrections submitted.
05/02/2022	Corrective Action Plan verified compliance.
05/02/2022	Inspection Completed-BCAL Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bell Oaks at Moores River Adult Foster Care facility is located at 123 Moores River Drive just south of downtown Lansing, Michigan. It is a two-story home that has public bus transportation available a half block away. The home has parking available for visitors and direct care staff along the alley way on the back side of the home. It has paved sidewalks along the roadways and leading up to the front door. The home is not wheelchair accessible.

This facility consists of four bedrooms, two full bathrooms, a kitchen, dining room and living room. One full resident bathroom is located off the kitchen on the main floor that serves the two main floor resident bedrooms. Upstairs has two resident bedrooms and one full resident bathroom in the hallway which is accessible to both upstairs resident bedrooms. Both bathrooms are equipped with shower safety bars. The dining room has available seating for all residents. The home also has two approved means of egress with positive latching, non-locking against egress door hardware. The laundry facility will be using electric appliances and is located on the first floor. The dryer has a metal exhaust pipe attached from the appliance to the outside as required.

The furnace and hot water heater are located in the basement and are separated from the 1st floor by a 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an 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. The residents will not access the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'6 x 12'6	145	2
2	10'1 x 12'1	121	1
3	11'6 x 12'7	144	2
4	15'4 x 8'8	133	1
Living room	13'7 x 12'1	164	0
Dining room	9'11 x 13'2"	131	0
Kitchen	11'9 x 9'8	114	0

The living and dining room areas measure a total of 295 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) ambulatory male/female residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Bell Oaks I At Moores River will provide 24-hour supervision, protection, and personal care to six (6) male/female ambulatory adults, who are 18 - 99 years old, whose diagnosis is mental illness and/or developmental disability. The home is seeking special certification to accept community mental health consumers.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The program will include opportunities to develop relationships and socialize with one another and direct care staff members through crafts, bingo, coloring, reading, puzzles and watching television/movies. The program will assist residents to move towards independence and maintain healthy community connections. Family and friends are strongly encouraged to visit as often as possible with their loved one.

An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs. If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs will be implemented only by trained staff and only with the prior approval of the resident, guardian, and the responsible agency. Bell Oaks I At Moores River will ensure that the resident's transportation and medical needs are met. Bell Oaks I At

Moore's River 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. The clients will receive medical care services through local hospitals and emergency facilities and dental facilities that accept their insurance/and of their choice. Bell Oaks I At Moore's River will offer residents the opportunity to attend religious services of their choice that are at nearby.

C. Licensee Designee and Administrator Qualifications

The applicant is Eden Prairie Residential Care, LLC which is a Domestic Limited Liability Company established in Michigan on 05/15/2017 and is currently in good standing.

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 as the administrator and licensee designee. A licensing record clearance request was completed with no convictions recorded for the licensee designee/administrator, Kehinde Ogundipe. The licensee designee/administrator, Kehinde Ogundipe, submitted a medical clearance request from a physician documenting his good health and current negative tuberculosis test results.

The licensee designee/administrator, Mr. Ogundipe has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Ogundipe is currently the licensee designee and administrator for five other licensed facilities. Mr. Ogundipe has been a licensee designee/administrator since 08/2021. Mr. Ogundipe has over one year of experience providing care to residents diagnosed with mental illness and/or developmental disability.

Mr. Ogundipe reported that 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. Mr. Ogundipe acknowledged that the staff to resident ratio may need to be adjusted in order to provide the level of supervision or personal care required by the residents due to changes in the personal care, supervision, or protection needs. During nighttime hours, direct care staff members will be awake as there is no space in the facility for a live-in or a sleeping direct care staff member.

The applicant, Mr. Ogundipe, 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. Mr. Ogundipe 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. Mr. Ogundipe acknowledged that all staff are fingerprinted utilizing the Workforce Background Check system at www.miltcpartnership.com and is aware of the related documents required to be maintained in each employees record to demonstrate compliance. Mr. Ogundipe 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.

Mr. Ogundipe 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, 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.

Mr. Ogundipe acknowledged 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.

Mr. Ogundipe acknowledged the responsibility to obtain all required good 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, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record. The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the 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 as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

Mr. Ogundipe acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant 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 resident personal money transactions that have been agreed to be managed by the applicant.

Mr. Ogundipe 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. 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.

Mr. Ogundipe acknowledged 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 acknowledged 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.

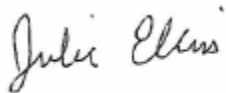
Mr. Ogundipe acknowledged his responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection

IV. RECOMMENDATION

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



05/02/2022

Julie Elkins
Licensing Consultant

Date

Approved By:



05/03/2022

Dawn N. Timm
Area Manager

Date