



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 19, 2022

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

RE: Application #: AS330411029  
**Bell Oaks At Hillsdale**  
**521 W. Hillsdale St.**  
**Lansing, MI 48933**

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 and special certification 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 "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
1919 Parkland Drive  
Mt. Pleasant, MI 48858-8010  
(989) 948-0561

enclosure

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

**I. IDENTIFYING INFORMATION**

|                               |                                                |
|-------------------------------|------------------------------------------------|
| <b>License #:</b>             | AS330411029                                    |
| <b>Applicant Name:</b>        | Eden Prairie Residential Care, LLC             |
| <b>Applicant Address:</b>     | G 15 B<br>405 W Greenlawn<br>Lansing, MI 48910 |
| <b>Applicant Telephone #:</b> | (214) 250-6576                                 |
| <b>Licensee Designee:</b>     | Kehinde Ogundipe                               |
| <b>Administrator:</b>         | Kehinde Ogundipe                               |
| <b>Name of Facility:</b>      | Bell Oaks At Hillsdale                         |
| <b>Facility Address:</b>      | 521 W. Hillsdale St.<br>Lansing, MI 48933      |
| <b>Facility Telephone #:</b>  | (214) 250-6576<br>12/01/2021                   |
| <b>Application Date:</b>      |                                                |
| <b>Capacity:</b>              | 6                                              |
| <b>Program Type:</b>          | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL       |

## II. METHODOLOGY

|            |                                                                        |
|------------|------------------------------------------------------------------------|
| 12/01/2021 | Enrollment                                                             |
| 12/01/2021 | File Transferred To Field Office<br>Lansing via SharePoint             |
| 12/14/2021 | Application Incomplete Letter Sent                                     |
| 04/22/2022 | SC-Application Received - Original                                     |
| 08/23/2022 | SC-ORR Response Requested<br>Huron County CMH.                         |
| 08/24/2022 | SC-ORR Response Received-Approval                                      |
| 09/09/2022 | Application Complete/On-site Needed                                    |
| 09/09/2022 | Inspection Completed On-site<br>Reviewed paperwork and physical plant. |
| 09/09/2022 | Inspection Completed-BCAL Full Compliance                              |
| 09/09/2022 | SC-Inspection Completed On-Site                                        |
| 09/09/2022 | SC-Inspection Full Compliance                                          |
| 09/09/2022 | SC-Recommend MI and DD                                                 |

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The Bell Oaks of Hillsdale is a two-story home with vinyl siding and front covered porch located in downtown Lansing, Michigan, in Ingham County. The first floor of the home has a private bedroom, a shared bedroom, a living room, bathroom with standup shower, kitchen, and dining room. The second story has a full bathroom with a standup shower, a private bedroom with a sitting area and a second shared bedroom. The home is **NOT** wheelchair accessible due to not having any means of approved egress equipped with a ramp from the first floor. Both forms of egress on the first floor are accessible with stairs. The Licensee Designee and Administrator Kehinde Ogundipe is aware the facility is not approved to accept residents who need assistive devices for mobility purposes. The home utilizes public water and sewage disposal system.

The home uses natural gas-forced air furnace for heat. The furnace and hot water heater are in the basement of the facility which is not accessible by residents. The basement door is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The furnace and hot water heater were inspected on September 09, 2022 by a licensed contractor verifying both are in safe, good, working condition. There is also a fire extinguisher located at the top of the basement stairs for basement use in case of an emergency.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational and was inspected by a licensed electrician on September 09, 2022 documenting the system to be in good working order. The home has fire extinguishers on every floor for safety.

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

| Bedroom #   | Room Dimensions              | Total Square Footage | Total Resident Beds |
|-------------|------------------------------|----------------------|---------------------|
| Bedroom 1   | 11'1" X 11'7"<br>2'6" X 7'5" | 149.37 Sq. Ft        | 2 Beds              |
| Bedroom 2   | 11'4" X 7'1"                 | 80.94 Sq. Ft         | 1 Bed               |
| Bedroom 3   | 11'6" X 12'4"                | 143.84 Sq. Ft        | 2 Bed               |
| Bedroom 4   | 13' X 11'9"                  | 157 Sq. Ft.          | 1 Bed               |
| Living Room | 10'1" X 11'11"               | 112.21 Sq. Ft.       |                     |
| Dining Room | 12'11" X 9'9"                | 119.88 Sq. Ft        |                     |

The indoor living and dining areas measure a total of 232 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to six male and female residents who are mentally ill and developmentally disabled. The program will include social interaction through training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational, day programs or employment. The home will provide transportation to the residents and public transportation is available also. The applicant intends to accept referrals from Community Mental Health Agencies.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the home will utilize local community resources for recreational activities including movie theaters, walking/biking trails, shopping centers, local museums, dining out, sporting events, churches, libraires and community events. These resources provide an environment to enhance the quality of life and increase the independence of residents.

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

The applicant is Eden Prairie Residential Care, LLC, a "For Profit Corporation" established in Michigan 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 members of Eden Prairie Residential Care, L.L.C. have submitted documentation appointing Kehinde Ogundipe as licensee designee and administrator for this facility.

Criminal history background checks of Mr. Kehinde Ogundipe were completed and he was determined to be of good moral character to provide licensed adult foster care. Mr. Kehinde Ogundipe submitted statements from a physician documenting his good health and current negative tuberculosis test results.

Mr. Kehinde Ogundipe has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Kehinde Ogundipe currently owns and is the Licensee Designee-Administrator of eight other facilities in Michigan serving mentally ill and developmentally disabled residents. Mr. Kehinde Ogundipe previously had a home care agency and other adult foster care homes in Texas.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the

staff to resident ratio may need to be increased/decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 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 acknowledge 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 of the documents that are required to be maintained within each resident's file.

The applicant 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 of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

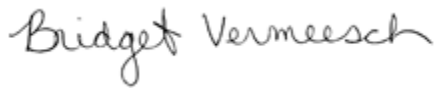
The applicant acknowledged that the facility will not accept residents with mobility impairments due to the facility not being wheelchair accessible.

**D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license and special certification to this AFC adult small group home, capacity of six residents.



09/12/2022

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:



09/19/2022

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Dawn N. Timm  
Area Manager

Date