



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 3, 2022

Kehinde Ogundipe
Eden Prairie Residential Care, LLC
G 15 B
405 W Greenlawn
Lansing, MI 48503

RE: License #:	AS250392427 Welch Home 302 Welch Blvd. Flint, MI 48503
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Dear Mr. Ogundipe:

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 special certification 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 (906) 226-4171.

Sincerely,

A handwritten signature in black ink that reads "Susan Hutchinson". The script is cursive and fluid, with the first name "Susan" and last name "Hutchinson" clearly legible.

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AS250392427
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	G 15 B 405 W Greenlawn Lansing, MI 48503
Licensee Telephone #:	(214) 250-6576
Licensee/Licensee Designee:	Kehinde Ogundipe
Administrator:	Kehinde Ogundipe
Name of Facility:	Welch Home
Facility Address:	302 Welch Blvd. Flint, MI 48503
Facility Telephone #:	(810) 410-4257
Original Issuance Date:	03/21/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/27/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: N/A

- 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.
My inspection did not take place during a mealtime.
- 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 400.14203	Licensee and administrator training requirements.
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>
At the time of my inspection, I noted that the licensee did not provide me with any documentation of continuing education training for 2020 and only 6.5 of the required 16 hours of training for 2021. The licensee and administrator must complete at least 16 hours of annual training that is relevant to the licensee's admission policy and program statement.	
R 400.14208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <p>(a) Names of all staff on duty and those volunteers who are under the direction of the licensee.</p> <p>(b) Job titles.</p> <p>(c) Hours or shifts worked.</p> <p>(d) Date of schedule.</p> <p>(e) Any scheduling changes.</p>

At the time of my inspection, I noted that the licensee was not posting the staff schedule in advance. A daily work schedule must be posted in advance and must include all information required by this rule.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
At the time of my inspection, I noted that a resident was admitted to the facility on 7/16/21 but the Health Care Appraisal was dated 9/29/20. A health care appraisal must be dated within 90-days prior to the admission of the home or no later than 30 days after admission.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
At the time of my inspection, I noted that the Assessment Plan was not signed and dated by the resident and/or guardian. All Assessment Plans must be signed and dated by the resident and/or guardian upon admission to the facility and at least annually thereafter.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated

	representative. A copy of the resident care agreement shall be maintained in the resident's record.
At the time of my inspection, I noted that one of the resident's Resident Care Agreement was not signed by the resident and/or guardian. All Resident Care Agreements must be signed and dated by the resident and/or guardian upon admission to the facility and at least annually thereafter.	
R 400.14402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.
At the time of my inspection, I noted that the upstairs freezer was not equipped with a thermometer nor was there a thermometer in the kitchen refrigerator or freezer. All refrigerators and freezers must be equipped with approved thermometers.	
R 400.14506	Fire extinguishers; location, examination, and maintenance.
	(1) A minimum of 1 underwriters laboratories approved 2A 10BC extinguisher or equivalent shall be provided for use in a small group home on each occupied floor and in the basement.
At the time of my inspection, I noted that the basement was not equipped with a fire extinguisher. All floors, including the basement, of a small group home must be equipped with a fire extinguisher.	

IV. RECOMMENDATION

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

Susan Hutchinson

February 3, 2022

Susan Hutchinson Licensing Consultant	Date
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