



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

January 12, 2023

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

RE: Application #:	AS250412203 Bell Oaks At Thomas 2705 Thomas St. Flint, MI 48504
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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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(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>	AS250412203
<b>Applicant Name:</b>	Eden Prairie Residential Care, LLC
<b>Applicant Address:</b>	G 15 B 405 W Greenlawn Lansing, MI 48910
<b>Applicant Telephone #:</b>	(214) 250-6576
<b>Administrator/Licensee Designee:</b>	Kehinde Ogundipe / Kehinde Ogundipe
<b>Name of Facility:</b>	Bell Oaks At Thomas
<b>Facility Address:</b>	2705 Thomas St. Flint, MI 48504
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Application Date:</b>	03/22/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

03/12/2022	SC-Application Received - Original
03/22/2022	Enrollment
04/21/2022	Contact - Document Received afc 100 1326
04/21/2022	File Transferred To Field Office
05/02/2022	Application Incomplete Letter Sent
10/31/2022	Contact - Document Received
11/28/2022	Contact - Document Received
12/01/2022	Inspection Completed On-site
12/01/2022	Inspection Completed-BCAL Sub. Compliance
12/28/2022	Contact - Document Received
01/10/2023	Contact - Document Received Final documentation received for file
01/10/2023	Inspection Completed-BCAL Full Compliance
01/10/2023	SC-Inspection Completed On-Site
01/10/2023	LSR Generated
01/12/2023	Recommend license issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Bell Oaks at Thomas Adult Foster Care facility is located at 2705 Thomas Street in the city of Flint, Flint, Michigan. The facility is owned by Eden Prairie Residential Care LLC. This LLC was established on 05/15/17 by Kehinde Ogundipe. The home has public water and sewer which is provided by the City of Flint.

This is a 2-story home with a basement, built in 1948. It is located in a well-established neighborhood. The licensee remodeled this home in 2022, installing new windows, new siding, and a new roof. The main floor consists of a living room, kitchen, dining area, staff office, one full bathroom, laundry room, and three bedrooms. There is a doorway

off the kitchen which has a few steps leading to the staff office and double-occupancy bedroom. This area is a sub-level of the main floor which contains the full bathroom. There are two individual bedrooms and one full bathroom on the 2<sup>nd</sup> floor of the home. The basement is constructed of concrete and/or solid wood walls. The solid wood walls are attached directly to the wall studs and measure  $\frac{3}{4}$  of an inch thick. The interior finishes of the home meet the requirements of R 400.14503. The basement is not intended for resident use and this home is not wheelchair accessible.

The kitchen is in the center of the main floor and is fully equipped with new, stainless-steel appliances. The washer and dryer are in the kitchen, and the dryer has a solid metal vent, which is directly vented to the outside. The licensee intends to keep the facility's cleaning supplies in an area that is not accessible to residents. Both bathrooms are fully equipped with walk-in showers with safety bars located within. The 2<sup>nd</sup> floor bathroom has an inoperable exhaust fan but there is a window for ventilation. The double-occupancy bedroom and the five private bedrooms are all adequately furnished and suitable for resident use. There is a closet near the front of the home which is kept locked and is intended for resident medications and private resident information.

There are three independent, unobstructed means of egress, leading to the outside of this facility. The first exit is located at the front of the facility, the second exit is located off the staff office, leading to the deck in the backyard and the third exit is located off the kitchen, leading to the deck in the backyard. The first and third exits are considered emergency exits and are noted on the facility's evacuation plan. All exit doors and occupied doors are equipped with positive-latching, non-locking-against-egress hardware.

The furnace and hot water heater are located in the basement. They were inspected on 01/11/23 by STEMulation Learning, Inc. Mechanical license #7118046, and deemed to be in safe working condition. Floor separation is achieved by a  $1\frac{3}{4}$  inch solid core door equipped with an automatic self-closing device and positive latching hardware which is located at the top of the stairs. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. Fire extinguishers are located on each floor of the facility and smoke detectors are in all bedrooms, as well as other locations throughout the facility.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	15'5" x 10'9"	166 sq. ft.	1
#2	11'5" x 11'3"	128 sq. ft.	1
#3	21' x 17'7"	369 sq. ft.	2
#4	15'5" x 11'8"	180 sq. ft.	1
#5	18'1" x 11'5"	206 sq. ft.	1

The living and dining room areas measure a total of 593 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. In addition, the

office measures 116 square feet. This room can also be used as a private, multi-purpose room.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. Bedroom #3 is suitable for two residents and the rest of the bedrooms are single-occupancy rooms.

## **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, traumatically brain injured 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 Community Mental Health, the Department of Health and Human Services, and home health agencies.

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 residents' 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.

## **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 05/15/17. The applicant submitted a financial statement and annual budget showing expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The applicant, Eden Prairie Residential Care, named Kehinde Ogundipe as the licensee designee and administrator. A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. 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. 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 to this AFC adult small group home with a capacity of 6.
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*Susan Hutchinson*

January 12, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

January 12, 2023

Mary E. Holton Area Manager	Date
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