



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 2, 2023

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

RE: Application #: AS330410067
Bell Oaks I At Coleman
1711 Coleman Ave
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 and special certification for mentally ill and developmentally disabled residents with a maximum capacity of 4 are issued.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 "Rodney Gill".

Rodney Gill, 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 #:	AS330410067
Applicant Name:	Eden Prairie Residential Care, LLC
Applicant Address:	G 15 B 405 W Greenlawn Lansing, MI 48910
Applicant Telephone #:	(214) 250-6576
Administrator/Licensee Designee:	Kehinde Ogundipe
Name of Facility:	Bell Oaks I At Coleman
Facility Address:	1711 Coleman Ave Lansing, MI 48910
Facility Telephone #:	(214) 250-6576
Application Date:	08/23/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/23/2021	Enrollment
08/24/2021	Contact - Document Received 1326 & RI030 for Ken
08/24/2021	File Transferred to Field Office Lansing
11/28/2021	SC- Application Received - Original
01/05/2022	Contact - Document Sent- Email sent asking if applicant is ready to proceed on these enrollments.
01/05/2022	Contact - Document Received -Email from licensee designee Ken Ogundipe will be ready to work on these 4 enrollments between February and March 2023.
03/09/2022	Application Incomplete Letter Sent
04/05/2022	Comment- Mr. Ogundipe indicated he would let me know when Bell Oaks I at Coleman is ready for inspection.
11/18/2022	Contact - Document Sent- Emailed 10-Day Inactive Withdrawn Application Letter to Mr. Ogundipe.
11/22/2022	Contact - Document Received- Email received from Mr. Ogundipe indicating the project was delayed. Mr. Ogundipe requested more time to complete these projects.
12/13/2022	Contact - Telephone call received from Mr. Ogundipe. An onsite inspection was scheduled for 12/28/2022.
12/23/2022	Contact - Document Received- Email received from Mr. Ogundipe indicating weather conditions continue to set them back. The date for the Original onsite inspection was rescheduled for 01/10/2022 at 10:30 a.m.
01/09/2023	Contact - Telephone call received from Mr. Ogundipe. The onsite inspection was rescheduled for 01/23/2023 at 10:30 a.m.
01/23/2023	Inspection Completed On-site
01/23/2023	Inspection Completed-BCAL Full Compliance
01/28/2023	SC-Recommend MI and DD
01/28/2023	SC-Certification issued MI and DD

01/30/2023	SC-Intent letter sent.
01/30/2023	Contact – Document Received. Mr. Ogundipe emailed a copy of the interconnected, hardwired smoke detection system inspection.
01/31/2023	Contact – Document Received- Mr. Ogundipe emailed a copy of the Furnace and hot water heater inspections.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bell Oaks I At Coleman is one side of a two-story colonial style duplex located in a quiet neighborhood on the northside of Lansing, Michigan, in Ingham County. The home has been completely remodeled with blue vinyl siding, double hung windows, and a covered front porch. The interior has new vinyl plank flooring throughout along with a newly remodeled kitchen with new appliances and bathrooms. The home has an open concept, and the front door opens to a spacious living/dining room area with an attached kitchen. The first floor of the home has a private resident bedroom with an adjacent full bathroom. The second story has one private resident bedroom, a second semi-private or shared resident bedroom, and two full bathrooms.

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 and railing. 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 to 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. This door is located at the top of the stairs leading to the basement which creates floor separation. The furnace and hot water heater were inspected on January 31, 2023, by a licensed contractor verifying both are in safe, good working condition. 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 January 30, 2023, 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	10' 6" X 8' 5"	90.1	1
Bedroom 2	13' 7" X 10' 6"	145.22	1
Bedroom 3	18' 10" X 8' 7"	157.47	2
Living/Dining	20' 0" X 10' 6"	212	

The indoor living and dining areas measure a total of 212 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 four residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to four male residents who are mentally ill and developmentally disabled. The program will include social interaction skills, community living skills, personal hygiene, activities of daily living, personal adjustment skills, and public safety skills. An assessment plan will be developed and implemented for each resident's social, health, behavioral and crisis intervention programs will be developed as identified in the assessment plan. These program items will be implemented only by trained staff with prior approval of the resident, guardian, and responsible agency.

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 nine other licensed AFC 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 4-bed facility is adequate and includes a minimum of 1 staff for 4 residents per shift. The applicant acknowledged that the 1 staff to 4 residents' ratio may need to be increased to provide the level of supervision and/or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated 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) 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 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.

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 to document the date and amount of the adult foster care service fee paid each month and all the residents' 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 and 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

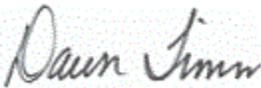
I recommend issuance of a temporary license and special certification for mentally ill and developmentally disabled residents to this AFC adult small group home with a capacity of four residents.



01/31/2023

Rodney Gill Date
Licensing Consultant

Approved By:



02/02/2023

Dawn N. Timm Date
Area Manager