



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 13, 2023

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

RE: Application #: AS330414628
Pine Home
514 N Pine 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 with a maximum capacity of 4 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

License #:	AS330414628
Licensee Name:	Eden Prairie Residential Care, LLC
Licensee Address:	G 15 B 405 W Greenlawn Lansing, MI 48910
Licensee Telephone #:	(214) 250-6576
Licensee Designee:	Kehinde Ogundipe
Administrator:	Kehinde Ogundipe
Name of Facility:	Pine Home
Facility Address:	514 N Pine St Lansing, MI 48933
Facility Telephone #:	(214) 250-6576 11/01/2022
Application Date:	
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

11/01/2022	On-Line Enrollment
11/03/2022	Contact - Document Received Corrected App
11/03/2022	File Transferred To Field Office Lansing via SharePoint
11/18/2022	Application Incomplete Letter Sent
01/01/2023	SC-Application Received - Original
02/01/2023	SC-ORR Response Requested Macomb CO CMH.
02/02/2023	SC-ORR Response Received-Approval Macomb Co CMH intends to contract with Eden Prairie Residential.
02/02/2023	Inspection Completed On-site
02/02/2023	Inspection Completed-BCAL Sub. Compliance
02/02/2023	Corrective Action Plan Received
02/02/2023	Corrective Action Plan Approved
02/02/2023	Exit Conference with licensee designee Ken Ogundipe.
03/07/2023	Application Complete/On-site Needed
03/07/2023	Inspection Completed On-site- Physical Plant, CAP compliance verification.
03/07/2023	CAP Compliance Verification
03/07/2023	Inspection Completed-BCAL Full Compliance
03/07/2023	SC-Inspection Completed On-Site
03/07/2023	SC-Inspection Full Compliance
03/07/2023	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pine Home is a two-story home located in the city limits of Lansing, Michigan, in Ingham County. The front of the home has a small, covered porch which enters a foyer. Immediately upon entering the home is a stairway that leads upstairs to the resident bedrooms and a full bathroom with a walk-in shower. The upstairs has three resident bedrooms, two of which are private and one is semi-private. Upon entering the home on the main level is the living room, dining room, and kitchen. Off the dining room is a door that leads to a screened in porch with an egress to the back yard of the home. The home has an unfinished basement with laundry facilities. The door leading to the basement is located off the kitchen. There is an egress door at the top of the basement stairs that leads directly to the facility driveway. The home is **NOT** wheelchair accessible due to both means of egress requiring steps to enter/exit the home and the home is not equipped with wheelchair ramps from the first floor. The home utilizes public water supply and sewage disposal system.

The home is heated with natural gas-forced air furnace. The water heater and furnace are located in the basement and the home is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairway leading to the basement. The furnace and hot water heater were inspected on February 01, 2023, by Branklyn Heating and Cooling and found to be in good working order.

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. Smoke detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame- or heat-producing equipment. The smoke detection system was inspected on January 31, 2023, by a licensed electrician and found to be in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
#1	9'2" X 7' 5'2" X 3'2"	81.04 Sq Ft	1
#2	10'1" X 13'5"	136.35 Sq Ft	2
#3	10' X 11'	110 Sq Ft	1
Living Room	14'3" X 13'4"	191.62 Sq Ft	
Dining Room	13'2 X 8'10"	106.92 Sq Ft	

The indoor living and dining areas measure a total of 298.54 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 4 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 and/or 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 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 and Administrator of many licensed adult foster care 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 direct care staff to resident ratio may need to be increased 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) 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 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 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/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 with a capacity of four residents.

Bridget Vermeesch

03/07/2023

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

03/13/2023

Dawn N. Timm
Area Manager

Date