



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 20, 2023

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

RE: Application #: AS330410063  
**Bell Oaks at Lyons**  
**1435 Lyons 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 with a maximum capacity of 6 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**

<b>License #:</b>	AS330410063
<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:</b>	Kehinde Ogundipe
<b>Licensee Designee:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Bell Oaks at Lyons
<b>Facility Address:</b>	1435 Lyons Ave Lansing, MI 48910
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Application Date:</b>	08/23/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

08/23/2021	Enrollment Online app download failure
08/24/2021	Contact - Document Received 1326 & AFC100 for Ken
08/24/2021	File Transferred To Field Office Lansing
01/05/2022	Contact - Document Sent- Email asking if applicant (licensee designee Kehinde Ogundipe) is ready to proceed on this enrollment. A phone call was received in December 2021 from Mr. Ogundipe stating he would not be ready until January. Follow up contact.
01/05/2022	Contact - Document Received- Email from Mr. Ogundipe stating he will be ready to work on this enrollment between February and March.
03/09/2022	Application Incomplete Letter Sent
03/23/2022	SC-Application Received - Original
04/05/2022	Comment- Licensee designee Ken Ogundipe indicated he would let his licensing consultant know when Bell Oaks at Lyons 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. requested more time to complete these projects to be ready for licensing. He requested three more months.
03/22/2023	Contact - Document Sent- Emailed Mr. Ogundipe informing him I have scheduled the Original onsite inspection for 04/11/2023 at 2:00 p.m.
04/11/2023	Inspection Completed On-site
04/11/2023	Inspection Completed-BCAL Full Compliance
04/12/2023	SC-Recommend MI and DD
04/12/2023	SC-Certification issued MI and DD
04/12/2023	PSOR on Address Completed
04/17/2023	SC-Intent letter sent to Mr. Ogundipe.

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Bell Oaks at Lyons Adult Foster Care facility is located at 1435 Lyons Avenue Lansing, MI 48910 just south of downtown Lansing, Michigan. It is a colonial style two-story home and has public bus transportation available within walking distance. There is parking available for visitors and direct care staff members in front of the facility and a driveway located on the southside of the facility. It has paved sidewalks along the roadways and leading up to the front door.

The facility is not wheelchair accessible because it does not have any means of approved egress equipped with a ramp leading from the first or second floor to grade level. Both forms of egress on the first floor are accessible with stairs and railings. 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 facility has been completely remodeled. The porch has new gray vinyl siding and new double-hung windows have been installed throughout the facility. The home has an open concept with the front door opening to a spacious living/dining/kitchen area. The original hardwood flooring has been restored throughout the facility and the kitchen and bathrooms have been completely remodeled.

There are six spacious resident bedrooms in this facility allowing each resident to have their own private room. The main floor of the facility has two resident bedrooms. The first located on the northside of the facility directly between the living and dining area, and the second is adjacent to the kitchen also on the northside. There is a nice sized bathroom located directly behind the kitchen equipped with a walk-in shower.

The second story has four resident bedrooms and a private bathroom equipped with a walk-in shower. There are many built-ins and room for storage throughout the facility.

The facility utilizes public water and sewage disposal system. The home has a 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. You must walk out the back door of the facility to access the basement door, which is located on the northside of the facility and accessed from the back deck. The door leading to the basement and other building materials utilized provide appropriate floor separation.

The furnace and hot water heater were inspected on March 13, 2023, by a licensed contractor who verified both are safe and in good working order. The furnace was previously inspected by the City of Lansing on 03/11/2022 and found to be safe and in good working order.

The facility is equipped with an interconnected, hardwired smoke and carbon monoxide detection system with battery back-up. The system was installed by a licensed electrician and is fully operational. There are fire extinguishers on every floor of the facility for safety.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' 6" X 10' 1"	147.46	1
2	11' 11" X 10' 1"	112.21	1
3	11' 11" X 10' 5"	116.65	1
4	11' 11" X 10' 4"	115.54	1
5	12' 0" X 10' 5"	126	1
6	12' 0" X 12' 3"	147.6	1

Given the bedroom sizes and one resident per room, the facility's bedroom space exceeds the required 80 square feet per resident.

The indoor living and dining areas measure a total of 297.18 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 intends to provide 24-hour supervision, protection, and personal care to six female residents who are mentally ill and/or 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. 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 11 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 6-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. The applicant acknowledged that the 1 staff to 6 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](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 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 to this AFC adult small group home with a capacity of six residents.



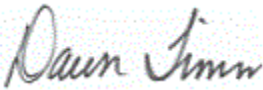
04/13/2023

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Rodney Gill  
Licensing Consultant

Date

Approved By:



04/20/2023

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Dawn N. Timm  
Area Manager

Date