



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

August 31, 2023

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

RE: License #: AS330414643  
**Glenwood Home**  
**4209 Glenwood Ave**  
**Lansing, MI 48910**

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Johnnie Daniels". The signature is written in a cursive, flowing style with a large initial "J" and "D".

Johnnie Daniels, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330414643
<b>Licensee Name:</b>	Eden Prairie Residential Care, LLC
<b>Licensee Address:</b>	G 15 B 405 W Greenlawn Lansing, MI 48910
<b>Licensee Telephone #:</b>	(214) 250-6576
<b>Licensee Designee:</b>	Kehinde Ogundipe
<b>Administrator:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Glenwood Home
<b>Facility Address:</b>	4209 Glenwood Ave Lansing, MI 48910
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Original Issuance Date:</b>	03/14/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 08/22/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role:

- 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.  
inspection was not during 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? 0 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:

**MCL 400.734b**      **Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.**

At the time of inspection, verification of Michigan Workforce Background Checks was not available for review for the following seven direct care workers: Lachira Robinson, Charles Walker, Michelle Stewart, Carlene Wright, Alissa Ladesma, Penny Alcina and Nicere Louis. Additionally, on 08/24/2023, an exclusionary notice was issued for Lachira Robinson stating “he was not eligible to work in any adult foster care facility.”

**R 400.14204                      Direct care staff; qualifications and training.**

**(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:**  
**(c) Cardiopulmonary resuscitation.**

At the time of inspection six employee records were reviewed and four did not contain verification of competence in cardiopulmonary resuscitation training for Lachira Robinson, Charles Walker, Michelle Stewart and LaTresha Grandbery.

**R 400.14205                      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

At the time of inspection six employee records were reviewed and two (Lachira Robinson and Michelle Stewart) did not contain a statement signed by a licensed physician attesting to the knowledge of the physical health of these direct care staff.

**R 400.14205                      Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by

state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of inspection six employee records were reviewed and four records (Lachira Robinson, Charles Walker, Michelle Stewart and LaTresha Grandbery) did not contain verification the above four direct care staff members had negative communicable tuberculosis test results.

**R 400.14208      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(a) Name, address, telephone number, and social security number.

(b) The professional or vocational license, certification, or registration number, if applicable.

(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

(d) Verification of the age requirement.

(e) Verification of experience, education, and training.

(f) Verification of reference checks.

(g) Beginning and ending dates of employment.

(h) Medical information, as required.

(i) Required verification of the receipt of personnel policies and job descriptions.

(f) Verification of reference checks.

(2) The records identified in subrule (1) of this rule shall be maintained for not less than 3 years after the direct care staff member's or employee's ending date of employment.

At the time of inspection employee records for Carlene Wright, Alissa Ladesma, Penny Alcina and Nicere Louis were not available for review.

At the time of inspection verification of reference checks were not available for review for Lachira Robinson, LaTresha Grandbery, Charles Walker, Dominique Rivers, Neil Wright Carlene Wright, Alissa Ladesma, Penny Alcina and Nicere Louis.

**R 400.14312      Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

- (b) Complete an individual medication log that contains all of the following information:
  - (i) The medication.
  - (ii) The dosage.
  - (iii) Label instructions for use.
  - (iv) Time to be administered.
  - (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

At the time of inspection Resident A's August 2023 medication administration record (MAR) documented he was prescribed "Sertraline Hydrochloride 100 MG PO Tab (Zoloft), one tablet three times a day." The August 2023 MAR for Resident A listed this prescription twice (as two separate entries) therefore the MAR documented this medication was being administered six times a day. I reviewed Resident A's prescribed medication in the pharmacy prescribed container and there was no evidence to support that the medication was being administered more than prescribed even though that is what was documented and initialed on the MAR.

**R 400.14313      Resident nutrition.**

- (6) Records of menus, including special diets, shall be kept by the licensee for 1 calendar year.

At the time of inspection, the facility did not have documentation of prior/current menus.

**R 400.14316      Resident records.**

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
  - (a) Identifying information, including, at a minimum, all of the following:
    - (i) Name.
    - (ii) Social security number, date of birth, case number, and marital status.
    - (iii) Former address.
    - (iv) Name, address, and telephone number of the next of kin or the designated representative.
    - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.



- (vi) Name, address, and telephone number of the preferred physician and hospital.
- (vii) Medical insurance.
- (viii) Funeral provisions and preferences.
- (ix) Resident's religious preference information.

At the time of the inspection Resident B and Resident C's record did not contain the above listed information.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(3) A telephone shall be available and accessible in a home. Emergency telephone numbers shall, at a minimum, include fire, police, and medical emergency services and shall be conspicuously posted immediately adjacent to telephones.

At the time of inspection emergency telephone numbers were not posted by the phone.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At the time of inspection documentation of evacuation time during fire drills was not available for review.

**R 400.14401      Environmental health.**

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

At the time of inspection two windows, one located in the upstairs hallway and the other in Resident A's room, were observed without screens.

**R 400.14507**

**Means of egress generally.**

(6) Occupied room door hardware shall be equipped with positive-latching, non-locking-against-egress hardware.

At the time of inspection, the upstairs restroom door was locking against egress.

On 8/25/2023 an exit conference was conducted with licensee designee Kehinde Ogundipe who understood the findings of the renewal inspection. Licensee designee Ogundipe was advised that a six-month provisional license is recommended.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



8/28/2023

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Johnnie Daniels  
Licensing Consultant

Date

Approved:



08/31/2023

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Dawn Timm  
Area Manager

Date