



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 27, 2023

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

RE: License #: AS250402729  
Investigation #: 2023A0779065  
Welch Home I

Dear Kehinde Ogundipe:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250402729
<b>Investigation #:</b>	2023A0779065
<b>Complaint Receipt Date:</b>	09/18/2023
<b>Investigation Initiation Date:</b>	09/19/2023
<b>Report Due Date:</b>	11/17/2023
<b>Licensee:</b>	Eden Prairie Residential Care, LLC
<b>Licensee:</b>	G 15 B 405 W Greenlawn Lansing, MI 48910
<b>Licensee Telephone #:</b>	(214) 250-6576
<b>Administrator:</b>	Kehinde Ogundipe
<b>Licensee Designee:</b>	Kehinde Ogundipe
<b>Name of Facility:</b>	Welch Home I
<b>Facility Address:</b>	913 Welch Blvd, Flint, MI 48503
<b>Facility Telephone #:</b>	(214) 250-6576
<b>Original Issuance Date:</b>	08/24/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/24/2022
<b>Expiration Date:</b>	02/23/2024
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A is being left sitting in soiled pants for hours. Staff is not following Resident A's plan regarding taking Resident A to the bathroom every 2 hours.	Yes

**III. METHODOLOGY**

09/18/2023	Special Investigation Intake 2023A0779065
09/18/2023	APS Referral Complaint was referred to licensing by APS.
09/19/2023	Special Investigation Initiated - Telephone Spoke to Resident A's case manager.
09/21/2023	Inspection Completed On-site
10/03/2023	Contact - Telephone call made Spoke to staff person, Taron Massie.
10/18/2023	Exit Conference Held with licensee designee, Kehinde Ogundipe.
10/19/2023	Inspection Completed On-site
10/23/2023	Contact - Telephone call made Spoke to Recipient Rights Officer.

**ALLEGATION:**

Resident A is being left sitting in soiled pants for hours. Staff is not following Resident A's plan regarding taking Resident A to the bathroom every 2 hours.

**INVESTIGATION:**

On 9/19/23, a phone call made to Resident A's case manager (CM), Crystal Perkins, who stated that Resident A can physically use the toilet, but Resident A does not have the mental capacity to actually go to the bathroom and/or clean himself up. CM Perkins stated that she had put into Resident A's GHS Individual Plan of Service (IPOS) that Resident A is to be taken to the bathroom every 2-hours and that staff are to document

what happens at each 2-hour occurrence on a chart that she has provided to the home. She reported that Resident A also has an Occupational Therapy (OT) Treatment Plan that requires staff to document how much assistance Resident A requires at each toileting, bathing, grooming, etc. CM Perkins stated that when she was at the home last, neither form of documentation was being completed by staff. CM Perkins stated that staff claim that Resident A is being taken to the bathroom every 2-hours, but that they are not completing the chart. She stated that during her visits to the home, Resident A always appears to be clean and well-groomed.

On 9/21/23, an unannounced on-site inspection was conducted and Resident A was interviewed. Resident A has limited communication skills, but seems to understand simple questioning. When asked if staff take him to the bathroom, Resident A replied "Yes". When asked if when he has an accident, do staff help clean him up, Resident A replied "Yes". When asked if staff take good care of him, Resident A replied "Yes". When asked if he ever has to sit a long time in a wet and/or dirty brief, Resident A replied "No". Resident A seemed to be very happy, smiling, laughing, and frequently hugging on a few different staff. Resident A was viewed to be clean and well-groomed.

Resident A's *Assessment Plan For AFC Residents* was reviewed. The plan states that Resident A is incontinent and requires assistance from staff with toileting, grooming and personal hygiene. The plan states that Resident A requires a 1-on-1 staff for bathing.

During the on-site inspection on 9/21/23, Home Manager (HM), China Brown, stated that Resident A does not tell staff when he has to use the bathroom or when he has had an accident. HM Brown stated that staff are good about helping Resident A clean himself up after he has had an accident in his brief. HM Brown denied that Resident A is ever left in a dirty brief for long periods of time and stated that Resident A has no skin breakdown in private areas. HM Brown reported that staff have been taking Resident A to the bathroom every 2-hours ever since that was added to his IPOS back in June 2023. HM Brown admitted that staff did not start documenting on the chart that was provided by CM Perkins until 9/19/23. When asked about documenting per the OT treatment plan, she admitted that staff found the OT chart confusing and have not been filling it out.

On 9/21/23, Resident A's 1-on-1 staff person, Michael Owens was interviewed. Staff Owens stated that he showers Resident A first thing in the morning every shift that he works. Staff Owens claimed that he is encouraging Resident A to use the bathroom every 2-hours and changing and/or bathing Resident A when necessary. Staff Owens stated that Resident A is not being left in a dirty brief at all and especially since he has become Resident A's 1-on-1 staff. Staff Owens reported that Resident A can physically do most toileting and bathing on his own, but does need assistance from staff to ensure thoroughness. Staff Owens stated that Resident A does not have any skin breakdown in his private areas.

On 9/21/23, staff persons, Michri Owens and Octavis Jordan, stated that before the 2-hour checks recently became a thing, staff was still encouraging Resident A to use the

bathroom and to shower when he had accidents. They both denied that Resident A has ever intentionally been left in a dirty brief, but admitted that Resident A would never tell staff when he had accidents in his brief. They stated that Resident A would sometimes refuse to shower after having an accident and that it would sometimes take a little while to convince Resident A to do so. Staff Owens and Jordan stated that they can not physically make Resident A use the bathroom or shower and that all they could do is keep encouraging him.

During the on-site inspection on 9/21/23, Resident A's IPOS and OT treatment plan were reviewed and found to be effective starting June 2023. It was confirmed that both plans require that staff document Resident A's toileting habits, with one of the charts asking for documentation every 2-hours. The chart required in the OT treatment plan was viewed to not being completed by staff at all. The chart asking for every 2-hour documentation that was provided by CM Perkins, was not started by staff until 9/19/23, and many days were only partially completed.

On 10/3/23, a phone interview was conducted with staff person, Taron Massie, who stated that he frequently worked with Resident A before Resident A was recently assigned a 1-on-1 staff. Staff Massie denied that Resident A ever sat in a dirty brief for long periods of time. He stated that Resident A does not tell staff that he has to use the bathroom or when he has had an accident in his brief. Staff Massie reported that when staff smelled or noticed that Resident A had an accident, they immediately would encourage him to clean himself up and help him. Staff Massie stated that Resident A would sometimes refuse to shower or clean himself up, but that staff would just redirect him after a few minutes and Resident A would then comply. Staff Massie reported that staff now encourage Resident A to go to the bathroom every 2-hours and that the accidents have decreased. When asked about completing documentation regarding Resident A's toileting habits, Staff Massie stated that they have not been doing it until the last few weeks.

On 10/19/23, a second unannounced on-site inspection took place. Resident A was viewed to clean and well groomed and appeared to be doing fine. Resident A confirmed that he was doing good.

On 10/23/23, a phone conversation took place with recipient rights investigator, Ruth Hewitt, from Northeast MI. CMH Authority. She stated that her office investigated the same these same allegations and did substantiate that required documentation related to tracking and documenting Resident A's toileting habits were not being done by this home.

<b>APPLICABLE RULE</b>	
<b>R 400.14303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>

<b>ANALYSIS:</b>	It appears that staff have been encouraging Resident A to use the bathroom every 2-hours and they deny that Resident A has ever sat in dirty/soiled briefs for long periods of time. Staff state that Resident A has no skin breakdown in his private areas and Resident A was viewed to clean and well groomed during two sperate unannounced visits to the home. Although Resident A appears to be receiving adequate personal care, there is sufficient evidence to prove that the home's staff are not properly following Resident A's GHS Individual Plan of Service or Occupational Therapy Treatment Plan. Both plans require the home to provide documentation on two specific charts documenting Resident A's toileting habits and tracking how much care is needed. Both plans have been effective since June 2023. Staff have not been completing the OT chart at all and only started the IPOS chart on 9/19/23, which has only been partially completed on many days.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 10/18/23, an exit conference was held with licensee designee, Kehinde Ogundipe. He was informed that a written corrective action plan is required to address the above licensing rule violation.

**IV. RECOMMENDATION**

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's home license remain unchanged.

*Christopher A. Holvey*

10/27/2023

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Christopher Holvey  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Mary Holton*

10/27/2023

\_\_\_\_\_  
Mary E. Holton  
Area Manager

\_\_\_\_\_  
Date