



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 27, 2023

Yewande Okubanjo
PO Box 4625
East Lansing, MI 48826

RE: License #: AS330393478
Investigation #: 2024A0466009
His Able Hands

Dear Ms. Okubanjo:

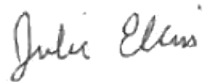
Attached is the Special Investigation Report for the above referenced facility. Due to the quality of care violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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.

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.

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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS330393478
Investigation #:	2024A0466009
Complaint Receipt Date:	10/30/2023
Investigation Initiation Date:	11/01/2023
Report Due Date:	12/29/2023
Licensee Name:	Yewande Okubanjo
Licensee Address:	507 West Barnes Avenue Lansing, MI 48910
Licensee Telephone #:	(404) 992-2222
Administrator:	Olufemi Okubanjo
Name of Facility:	His Able Hands
Facility Address:	509 West Barnes Avenue Lansing, MI 48910
Facility Telephone #:	(404) 992-2222
Original Issuance Date:	12/20/2018
License Status:	REGULAR
Effective Date:	06/20/2023
Expiration Date:	06/19/2025
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. ALLEGATION:

	Violation Established?
Facility has bed bugs.	No
Additional Findings	Yes

III. METHODOLOGY

10/30/2023	Special Investigation Intake 2024A0466009.
10/30/2023	APS Referral denied.
11/01/2023	Special Investigation Initiated – Telephone call to Complainant interviewed.
11/14/2023	Inspection Completed On-site with licensing consultant Amanda Blasius.
11/14/2023	Exit conference with administrator Olufemi Okubanjo.
12/20/2023	Contact made- Telephone call made to licensee Yewande Okubanjo. Attempted interview. Left message.
12/20/2023	Exit conference with licensee Yewande Okubanjo, message left.
12/27/2023	Contact- document sent to/from Michigan Workforce Background Check Unit Area Manager Adam Krajniak.

ALLEGATION: Facility has bed bugs.

INVESTIGATION:

On 10/30/2023, an Adult Protective Services (APS) Centralized Intake referral was denied and transferred to the Department of Licensing and Regulatory Affairs (LARA) for investigation. Complainant reported that the adult foster care (AFC) home has bed bugs.

On 11/14/2023, I conducted an unannounced licensing investigation with licensing consultant Amanda Blasius. We walked through the facility and did not see any evidence of bed bugs.

Licensing consultant Blasius and I interviewed Resident A and Resident B who both reported the facility does not presently have bed bugs. Resident A and Resident B

both reported the facility had bed bugs about two months ago but the facility underwent treatment and now the bedbugs are gone.

Licensing consultant Blasius and I interviewed administrator Olufemi Okubanjo who reported that the facility did have bed bugs, but the facility was treated and there have not been bed bugs in the facility for some time. Administrator Olufemi Okubanjo reported he continues to be on the lookout for any signs of bed bugs and will treat immediately if the bedbugs return. Administrator Olufemi Okubanjo was able to show us different products he had on hand that treat bed bugs. Administrator Olufemi Okubanjo believes that they have gotten rid of them as he has not seen any signs of bed bugs in months.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	At the time of the unannounced investigation there was no evidence of bed bugs. Resident A, Resident B and administrator Olufemi Okubanjo all stated the facility has had bugs in the past but the facility was successfully treated and the bed bugs are gone. Administrator Olufemi Okubanjo continues to watch for bed bugs and will treat again as needed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 11/14/2023, licensing consultant Blasius and I conducted an unannounced licensing investigation and upon arrival at the facility, we observed that it was a duplex with both sides of the duplex independently licensed as adult foster care facilities. When we arrived at His Able Hands and knocked on the door, administrator Olufemi Okubanjo came out of the other licensed AFC facility next door while no direct care staff member answered the door I was knocking on at His Able Hands. Administrator Olufemi Okubanjo reported that DCW Tolaoluwani Okubanjo was on duty at His Able Hands however he was not physically present at the time as administrator Olufemi Okubanjo had sent him to the grocery store. Administrator Olufemi Okubanjo reported that he was supervising the residents in His Able Hands from the other licensed AFC facility next door while also providing supervision, protection and personal care to those residents. I asked administrator Olufemi Okubanjo if he could call DCW Tolaoluwani Okubanjo to come back to the facility and he said that he was across town at Sam’s Club and that he other errands to run so asking him to return to the facility was not possible.

Licensing consultant Blasius and I interviewed Resident A who reported administrator Olufemi Okubanjo is next door in case they need anything as there is not a direct care worker in His Able Hands from whom they may seek assistance. Resident A reported that administrator Olufemi Okubanjo sleeps next door and if he needs assistance in the middle of the night he goes next door. Resident A reported that DCW Tolaoluwani Okubanjo was not working today before I arrived and reported that he has not seen him in over a week. Resident A reported that typically administrator Olufemi Okubanjo's relative works the weekends when administrator Olufemi Okubanjo is not working. Resident A reported that administrator Olufemi Okubanjo supervises both licensed facilities at the same time.

Licensing consultant Blasius and I interviewed Resident B who reported that he has not seen DCW Tolaoluwani Okubanjo in over a month and reported that he was not at the facility today. Resident B reported that administrator Olufemi Okubanjo is the manager of both licensed AFC facilities (this one and the one next door) and that he is typically in the other building. Resident B reported that administrator Olufemi Okubanjo sleeps on the couch next door and since there is not a direct care worker in His Able Hands, if he needs something, he goes next door. Resident B reported that administrator Olufemi Okubanjo cooks all the meals in the licensed facility next door and brings them over to them.

At the time of the unannounced investigation, Resident C was not at the facility and therefore was not available to be interviewed.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	<p>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.</p> <p>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</p>

ANALYSIS:	At the time of the unannounced investigation there was no direct care worker on duty at the facility to meet either the ratio requirement to have a minimum of one direct care worker present when residents are in the facility or to provide supervision, personal care, and protection to Resident A and Resident B. Based on interviews with Resident A and Resident B, it is a common practice for administrator Olufemi Okubanjo to provide supervision, personal care, and protection to the two adjacent licensed AFC facilities which is not allowed.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 11/14/2023, licensing consultant Blasius and I conducted an unannounced licensing investigation and asked administrator Olufemi Okubanjo to provide a *Staff Schedule*. Administrator Olufemi Okubanjo provided a document labeled “*Staffing Pattern*” which documented that “morning shift was 6am-2pm, afternoon shift was 2pm-10pm and night shift was 10pm-6am.” Administrator Olufemi Okubanjo reported that he did not have any documents available for review that contained the daily schedule for staffing and included the date, the name of the direct care worker on duty, job title, hours or shift worked and any schedule changes.

APPLICABLE RULE	
R 400.14208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <ul style="list-style-type: none"> (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	At the time of the unannounced investigation on 11/14/2023, administrator Olufemi Okubanjo did not have any documents available for review that contained the daily schedule of staff work assignments that included the date, the name of the direct care worker on duty, job title, hours or shift worked and any schedule changes therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

INVESTIGATION:

On 11/14/2023, licensing consultant Blasius and I conducted an unannounced licensing investigation and observed that both the front and back door contained locking against egress door hardware. Administrator Olufemi Okubanjo reported that he was just recently cited for that and that he was changing the locks today.

I reviewed the bureau information technology system (BITS) which documented that a renewal inspection was completed by licensing consultant Jana Lipps on 05/25/2023. The facility was cited for positive-latching, locking-against-egress hardware at the front and back exit/entrances. The corrective action plan was dated 05/30/2023 and signed by both licensee Yewande Okubanjo and administrator Olufemi Okubanjo. The corrective action plan documented that at the time of the on-site inspection the front and back exit/entrances did not have positive-latching, non-locking-against-egress hardware. The corrective action was “positive-latching, non-locking-against-egress hardware has been installed at the front and back exit/entrances” and documented an implementation date of “05/28/2023” by administrator Olufemi Okubanjo.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.
ANALYSIS:	On 11/14/2023, licensing consultant Blasius and I conducted an unannounced licensing investigation and observed that both the front and back door had locking against egress hardware.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED [SEE LSR dated 5/25/2023 and CAP dated 05/30/2023].

INVESTIGATION:

On 11/14/2023, licensing consultant Blasius and I conducted an unannounced licensing investigation. Administrator Olufemi Okubanjo reported that direct care worker (DCW) Tolaoluwani Okubanjo was on duty at the facility although he was not physically present because he was at the grocery store. I reviewed DCW Tolaoluwani Okubanjo’s employee record and at the time of the unannounced inspection there was not a *Michigan Workforce Background Check* stating that he was eligible to work at His Able Hands licensed adult foster care facility.

On 12/27/2023, I contacted Michigan Workforce Background Check Unit Area Manager Adam Krajniak who confirmed DCW Toluwanimi Okubanjo was entered into the background check system in November 2023 but has not yet been fingerprinted. Consequently, an eligibility determination cannot be made and DCW

Toluwanimi Okubanjo cannot work independently at His Able Hands until his fingerprint check is completed.

APPLICABLE RULE	
MCL 400.734	<p>This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word “or” which will not be effective until October 31, 2010</p> <p>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.</p>
	<p>(2) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5). 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. Beginning April 1, 2009, an individual who is exempt under this subsection 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 (12). 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. That individual may transfer to another adult foster care facility that is under the same ownership with which he or she was employed or under contract. If that individual wishes to transfer to an adult foster care facility that is not under the same ownership, he or she may do so provided that a criminal history check is conducted by the new facility in accordance with subsection (4). 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 subsection (1)(a), he or she</p>

	is no longer exempt and shall be terminated from employment or denied employment. (3) An individual who applies for employment either as an employee or as an independent contractor with an adult foster care facility and has received a good faith offer of employment or independent contract from the adult foster care facility shall give written consent at the time of application for the department of state police to conduct an initial criminal history check under this section. The individual, at the time of initial application, shall provide identification acceptable to the department of state police. (4) Upon receipt of the written consent and identification required under subsection.
ANALYSIS:	I reviewed DCW Tolaoluwani Okubanjo's employee record and there was not a <i>Michigan Workforce Background Check</i> stating that he was eligible to work at His Able Hands adult foster care facility therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

On 11/14/2023, I conducted an exit conference with administrator Olufemi Okubanjo and advised that a provisional license would be recommended. On 12/20/2023, I left a message for licensee Yewande Okubanjo and requested a return call about the special investigation and as of the completion of this report she has not contacted me.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and due to the quality of care violations, I recommend the license be changed to provisional status.



12/27/2023

Julie Elkins
Licensing Consultant

Date

Approved By:



12/27/2023

Dawn N. Timm
Area Manager

Date