

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 19, 2024

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

RE: License #:	AS250413135
	Palm Home
	1629 Seminole Ave.
	Flint, MI 48503

Dear Mr. Ogundipe:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You have submitted a Statement of Correction.
- An on-site inspection may be conducted.

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) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

Mark Courses

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

I. IDENTIFYING INFORMATION

License #:	AS250413135
Licensee Name:	Eden Prairie Residential Care, LLC
	0.45 0
Licensee Address:	G 15 B
	405 W Greenlawn
	Lansing, MI 48910
Licensee Telephone #:	(214) 250-6576
Licensee/Licensee Designee:	Kehinde Ogundipe, Designee
Administrator:	N/A
Name of Equility	Palm Home
Name of Facility:	Pailli nome
Facility Address:	1629 Seminole Ave.
r domity / tadiooo.	Flint, MI 48503
Facility Telephone #:	(214) 250-6576
Original Issuance Date:	02/08/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
Program Type:	MENTALLY ILL
	AGED
	, roll

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	12/20/20	023
Date	e of Bureau of Fire Services Inspection if appl	icable:	n/a
Date	e of Health Authority Inspection if applicable:	r	n/a
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: n/a		3 5
•	Medication pass / simulated pass observed?	Yes 🖂	No ☐ If no, explain.
•	Medication(s) and medication record(s) revie	wed? Yo	es 🛭 No 🗌 If no, explain.
•	Resident funds and associated documents re Yes No I If no, explain. Meal preparation / service observed? Yes		
•	Fire drills reviewed? Yes ⊠ No ☐ If no, ex	κplain.	
•	Fire safety equipment and practices observed	d? Yes[⊠ No If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No □		
•	Incident report follow-up? Yes ⊠ No ☐ If r	no, expla	in.
•	Corrective action plan compliance verified? 11/18/2023 - as401(2) as406 as208(3) as316(1)(i) as301(as403(5) as403(6) as510(2) as312(4)(b) N/A Number of excluded employees followed-up?	4) as205	
•	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:			
R 400.14201	Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.		
	(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas: (b) First aid.		
	pection it was noted that the First Aid training certificate for ee Kehinde Ogundipe expired 09/2023.		
R 400.14201	Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.		
	(3) Before a temporary license is issued, an applicant and an administrator shall be competent in all of the following areas: (c) Cardiopulmonary resuscitation.		
	pection it was noted that the First Aid training certificate for ee Kehinde Ogundipe expired 09/2023.		
R 400.14203	Licensee and administrator training requirements.		
	(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis: (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement. (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.		

At the time of inspection it was noted that the Licensee Designee Kehinde Ogundipe and Home Manager Jessica Ortiz did not have 16 hours of required training completed.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and issuance of special certification upon completion of Special Investigation # 2024A1039015.

Mark Courses

01/19/2023

Martin Gonzales	Date
Licensing Consultant	