



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
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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

**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
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 Facility:	Palm Home
Facility Address:	1629 Seminole Ave. Flint, MI 48503
Facility Telephone #:	(214) 250-6576
Original Issuance Date:	02/08/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/20/2023

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 3

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: n/a

- 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.
- 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: 11/18/2023 -
- as401(2) as406 as208(3) as316(1)(i) as301(4) as205(6) as208(1)(f) as403(1) as403(5) as403(6) as510(2) as312(4)(b) N/A
- Number of excluded employees followed-up? 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:	
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.
At the time of inspection it was noted that the First Aid training certificate for Licensee Designee 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.
At the time of inspection it was noted that the First Aid training certificate for Licensee Designee 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.
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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.



01/19/2023

Martin Gonzales Licensing Consultant	Date
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