



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 27, 2024

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

RE: License #: AS330411028
Bell Oaks I At Moores River
123 Moores River
Lansing, MI 48910

Dear Kehinde 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 are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. If 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 "Rodney Gill". The signature is written in a cursive style with a clear, legible font.

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

611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909
www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #: AS330411028

Licensee Name: Eden Prairie Residential Care, LLC

Licensee Address: G 15 B
405 W Greenlawn
Lansing, MI 48910

Licensee Telephone #: (214) 250-6576

Licensee Designee: Kehinde Ogundipe

Administrator: Kehinde Ogundipe

Name of Facility: Bell Oaks I At Moores River

Facility Address: 123 Moores River
Lansing, MI 48910

Facility Telephone #: (214) 250-6576

Original Issuance Date: 05/03/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/27/2024

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: [REDACTED]

- 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:
09/06/2023 - 403(1); 09/22/2023 - 206(2); 12/12/2023 - 201(2), 10/24/2023 -
210(A), 301(4), 313(1), 318(5), and 401(7). 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 determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

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 physician's 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.

Direct care staff members (DCSMs) Marqweisha Oglesby (DOB 08/27/1995) and Tambria Baldwin (DOB 04/26/2003) did not have a statement signed by a licensed physician or his or her designee attesting to the physician's knowledge of their physical health in their employee records.

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.

DCSM Tambria Baldwin (DOB 04/26/2003) did not have evidence she has been tested for communicable tuberculosis in her employee records.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A and Resident B did not have updated *Assessment Plans for AFC Residents* in their resident records completed with the resident or the resident's designated representative, the responsible agency, and the licensee.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident C's prescribed medication Lorazepam (Ativan) 1 mg tablets could not be found when conducting a medication review. Resident C had not taken her prescribed Lorazepam since 02/25/2024 according to her *Medication Administration Record (MAR)*.

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:

- (d) Health care information, including all of the following:
 - (i) Health care appraisals.
 - (ii) Medication logs.
 - (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
 - (iv) A record of physician contacts.
 - (v) Instructions for emergency care and advanced medical directives.

Resident A did not have an updated *Health Care Appraisal* in her Resident Records. Resident B did not have a *Health Care Appraisal* in her Resident Records.

R 400.14506 Fire extinguishers; location, examination, and maintenance.

(2) Fire extinguishers shall be examined and maintained as recommended by the manufacturer.

The fire extinguisher on the second floor of the facility had a Fire Extinguisher Inspection Record which was outdated. The Fire Extinguisher Inspection Record was dated 2021-2022.

R 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing,

The evacuation (E scores) could not be located during the onsite Renewal inspection.

A corrective action plan was requested and approved on 02/28/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the regular license and concurrent special certification is recommended.



02/28/2024

Rodney Gill
Licensing Consultant

Date