



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 8, 2024

Yewande Okubanjo
PO Box 4625
East Lansing, MI 48826

RE: License #: AS330387746
Shalom Adult Foster Care
507 West Barnes Avenue
Lansing, MI 48910

Dear Ms. Okubanjo:

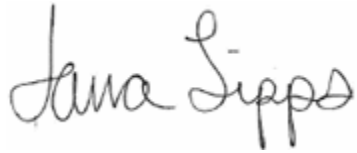
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

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

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

I. IDENTIFYING INFORMATION

License #:	AS330387746
Licensee Name:	Yewande Okubanjo
Licensee Address:	507 West Barnes Avenue Lansing, MI 48910
Licensee Telephone #:	(404) 992-2222
Licensee/Licensee Designee:	Yewande Okubanjo
Administrator:	Olufemi Okubanjo
Name of Facility:	Shalom Adult Foster Care
Facility Address:	507 West Barnes Avenue Lansing, MI 48910
Facility Telephone #:	(517) 721-1916
Original Issuance Date:	09/27/2017
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/08/2024

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 1

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Administrator

- 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. The licensee does not hold cash funds for any of the current residents.
- Meal preparation / service observed? Yes No If no, explain. Inspection occurred after the noon meal.
- 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: Rule 401(5). Administrator continues protocol to treat and preventative maintenance for bedbugs. N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A Licensee holds a current variance for Rule 315(3). I reviewed electronic room and board statements during this inspection.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

Administrator, Olufemi Okubanjo, and direct care staff, Toluwanimi Okubanjo, employee files were reviewed and did not contain a current cardiopulmonary resuscitation certification.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

At the time of the on-site inspection, the bathroom door was not equipped with positive-latching-non-locking-against-egress hardware.

R 400.14503 Interior finishes and materials generally.

(1) Interior finish materials shall be at least class C materials throughout the adult foster care small group home.

R 400.14503 Interior finishes and materials generally.

(2) Interior finish materials shall be securely attached to, or furred out not more than 1 inch from, walls or ceilings that are dry wall, plaster, masonry, or natural solid wood that is not less than 3/4 of an inch thick.

R 400.14503 Interior finishes and materials generally.

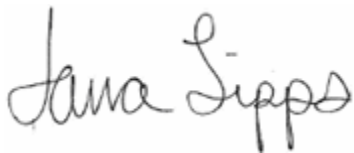
(3) The attaching of interior finish materials, other than dry wall, plaster, or natural solid wood that is not less than 3/4 of an inch thick, directly to wall studs or to floor or ceiling joists is

prohibited. Suspended ceilings constructed of a class A material that is 1/4 inch or greater in thickness and installed in accordance to manufacturers specifications shall be permitted.

At the time of the on-site inspection, I observed every wall in the facility to be covered with a form of paneling, either wood or plastic in nature. I spoke with Olufemi Okubanjo about the paneling. Mr. Okubanjo reported that the paneling has been present in the facility since the original license was issued. He reported that he did not think there was a drywall foundation behind the paneling. Mr. Okubanjo reported that he was not certain the paneling was constructed of a material that was at least class C fire rated.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



3/8/24

Jana Lipps
Licensing Consultant

Date