



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 29, 2024

Yewande Okubanjo  
PO Box 4625  
East Lansing, MI 48826

RE: License #: AS330393478  
**His Able Hands**  
**509 West Barnes Avenue**  
**Lansing, MI 48910**

Dear Ms. Okubanjo:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, 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  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330393478
<b>Licensee Name:</b>	Yewande Okubanjo
<b>Licensee Address:</b>	507 West Barnes Avenue Lansing, MI 48910
<b>Licensee Telephone #:</b>	(404) 992-2222
<b>Licensee:</b>	Yewande Okubanjo
<b>Administrator:</b>	Olufemi Okubanjo
<b>Name of Facility:</b>	His Able Hands
<b>Facility Address:</b>	509 West Barnes Avenue Lansing, MI 48910
<b>Facility Telephone #:</b>	(404) 992-2222
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## **II. Purpose of Addendum**

Licensee, Yewande Okubajo, submitted a request to modify the current license to include the population type, Mentally Ill, as a population to be served at the facility.

## **III. Methodology**

On 7/18/24 licensee, Yewande Okubanjo submitted a *Request for Modification of the Terms of the Registration/License*, document for the His Able Hands (AS330393478) facility, dated 7/17/24. The document noted a "Request to modify current program to include mentally ill clients". I requested updated resumes be submitted for Ms. Okubanjo and facility Administrator, Olufemi Okubanjo. On 8/15/24 I received updated resumes from Ms. Okubanjo and Mr. Okubanjo as requested. I reviewed these resumes for proof of one year of experience working as a direct care provider with individuals diagnosed with mental illness. On 8/28/24, I also requested an updated program statement for the facility to reflect the addition of mentally ill individuals in the population types being served by the facility. This updated program statement was received, reviewed, and approved on this date.

## **IV. Description of Findings and Conclusions**

In reviewing Ms. Okubanjo's resume, it has been determined that she has worked in the capacity of a certified nursing assistant for multiple nursing homes and private duty care agencies since 2015. Her resume notes that she has gained experience in these positions working with residents of these agencies who have been diagnosed with mental illness. Mr. Okubanjo's resume identifies that he has over one year of experience working as a direct care provider for residents with mental illness at an adult care facility in Mt. Pleasant, MI, from July 2016 through September 2017. It can be determined that Ms. Okubanjo and Mr. Okubanjo possess the experience required to add mental illness as a population type to be served at this facility.

**V. Recommendation**

Modify the terms of the license to include mental illness as a population type to be served at the facility.



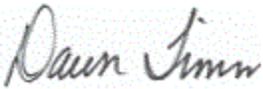
8/28/24

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Jana Lipps  
Licensing Consultant

Date

Approved:



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Dawn Timm  
Area Manager

08/29/2024

Date