



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 8, 2024

Bolaji Inuolaji  
3324 Springfield Avenue  
Kalamazoo, MI 49048

RE: License #: AS390417769  
**Heritage homes afc**  
**3324 Springfield Avenue**  
**Kalamazoo, MI 49048**

Dear Bolaji Inuolaji:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and specialized certification for the mentally ill and developmentally disabled are renewed. It is valid only at your present address and is nontransferable.

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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS390417769  |
| <b>Licensee Name:</b>          | Bolaji Inuolaji  |
| <b>Licensee Address:</b>       | 3324 Springfield Avenue<br>Kalamazoo, MI 49048                     |
| <b>Licensee Telephone #:</b>   | (269) 532-4520   |
| <b>Licensee Designee:</b>      | N/A  |
| <b>Administrator:</b>          | Bolaji Inuolaji  |
| <b>Name of Facility:</b>       | Heritage homes afc   |
| <b>Facility Address:</b>       | 3324 Springfield Avenue<br>Kalamazoo, MI 49048                     |
| <b>Facility Telephone #:</b>   | (269) 270-3764   |
| <b>Original Issuance Date:</b> | 01/25/2024   |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 07/01/2024

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 2

No. of others interviewed 1 Role: Licensee's spouse

- 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: 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.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and specialized certification for the mentally ill and developmentally disabled populations.



07/08/2024

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Licensing Consultant

Date