



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 17, 2025

Kehinde Ogundipe  
Eden Prairie Residential Care, LLC  
325  
405 W Greenlawn  
Lansing, MI 48910

RE: License #: AS330411029  
**Bell Oaks At Hillsdale**  
**521 W. Hillsdale St.**  
**Lansing, MI 48933**

Dear Mr. Ogundipe:

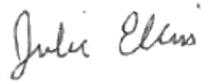
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 "Julie Elkins".

Julie Elkins, 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 #:** AS330411029

**Licensee Name:** Eden Prairie Residential Care, LLC

**Licensee Address:** 325  
405 W Greenlawn  
Lansing, MI 48910

**Licensee Telephone #:** (214) 250-6576

**Licensee Designee:** Kehinde Ogundipe

**Administrator:** Kehinde Ogundipe

**Name of Facility:** Bell Oaks At Hillsdale

**Facility Address:** 521 W. Hillsdale St.  
Lansing, MI 48933

**Facility Telephone #:** (214) 250-6576

**Original Issuance Date:** 09/20/2022

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 03/13/2025

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 0

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. documents were not available for review at the time of inspection.
- Meal preparation / service observed? Yes  No  If no, explain. Residents were out on an outing at the time/duration of the inspection.
- 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: 10/17/2023- 510 (1), 201 (2) and 3/10/2023- 401(2), 316 (1)(g), 310 (3), 208 (1)(f) and 205 (3) 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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.**

Direct care worker (DCW) Bertha Cager was fingerprinted under another licensed facility that is no longer open therefore there were no active fingerprints on her. All employees must be fingerprinted under the license they are providing care to residents.

**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.**

16 hours of training was not available for review for licensee designee/administrator Kehinde Ogundipe.

**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.

At the time of the inspection employee records for Jose Sotelo Jr and Roxanne Gonzales did not contain a statement signed by a licensed physician attesting to the physical health of these direct care workers.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 3/14/2023, CAP 03/10/2023.]**

**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.**

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested

for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

At the time of the inspection evidence that Jose Sotelo Jr, Juanita Sotelo, Roxanne Gonzales and Bertha Cager has been tested for communicable tuberculosis was not available for review.

**R 400.14208            Direct care staff and employee records.**

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
  - (f) Verification of reference checks.

At the time of the inspection verification of reference checks was not available for review for Jose Sotelo Jr and Roxanne Gonzales.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 3/14/2023, CAP 03/10/2023.]**

**R 400.14209            Home records generally.**

- (1) A licensee shall keep, maintain, and make available for department review, all the following home records:
  - (e) A resident register.

At the time of the inspection there was not a *Resident Register* available for review.

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

- (10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, Resident B and Resident C's records did not contain any *Health Care Appraisals*. Resident B was admitted to the facility on 9/26/2024 therefore Resident B's *Health Care Appraisal* should have been completed within the 90-day period prior to admission or not later than 30 days after admission. Resident C was admitted on 6/28/2023 therefore Resident C's *Health Care Appraisal* should have been completed within the 90-day period before admission to or not later than 30 days after admission and annually thereafter.

**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.

At the time of inspection, Resident B's *Assessment Plan for Adult Foster Care (AFC) Residents* was completed and signed only by licensee designee Kehinde Ogundipe on 06/28/2023 therefore there is no documentation of agreement established between the resident/resident's designated representative. Additionally, Resident B's *Assessment Plan for AFC Residents* was not updated annually as required.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Resident C's *Resident Care Agreement* was signed only by licensee designee Kehinde Ogundipe on 07/11/2023 therefore there is no documentation of agreement established between the resident/resident's designated representative. Additionally, Resident C's *Resident Care Agreement* was not updated annually as required.

**R 400.14310      Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

At the time of inspection, the weight record did not document weights for Resident A and Resident B in October 2024 and November 2024. For Resident C, the weight record did not document weights for September 2023-February 2024. During that time Resident C showed a 19-pound weight loss.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 3/14/2023, CAP 03/10/2023.]**

**R 400.14315 Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of inspection, *Resident Fund II* forms were not available for review for Resident A, Resident B and Resident C.

**R 400.14401 Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The faucet water temperature in both bathrooms exceeded 120 degrees Fahrenheit.

**REPEAT VIOLATION ESTABLISHED [Reference LSR dated 3/14/2023, CAP 03/10/2023.]**

**R 400.14401 Environmental health.**

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

Both bathrooms and the kitchen did not contain individual towels or paper towels for handwashing.

**R 400.14403 Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

The brick paver stairs to enter the facility had cracking bricks which are a trip hazard. The bathroom on the main floor had a leak in the sink.

**R 400.14410 Bedroom furnishings.**

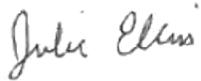
(1) The bedroom furnishings in each bedroom shall include all of the following:

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Two of the three resident bedrooms did not contain mirrors.

**IV. RECOMMENDATION**

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



03/17/2025

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Date

Licensing Consultant