



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2025

Kikelomo Ojubanire
Elohim Home Care LLC
869 Monroe
Ypsilanti, MI 48197

RE: License #: AS810418212
Elohim Home Care LLC
869 Monroe
Ypsilanti, MI 48197

Dear Ms. Ojubanire:

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:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (313) 456-0380.

Sincerely,

A handwritten signature in cursive script that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AS810418212

Licensee Name: Elohim Home Care LLC

Licensee Address: 869 Monroe
Ypsilanti, MI 48197

Licensee Telephone #: (734) 340-5911

Licensee/Licensee Designee: Kikelomo Ojubanire

Administrator: Kamilu Ojubanire

Name of Facility: Elohim Home Care LLC

Facility Address: 869 Monroe
Ypsilanti, MI 48197

Facility Telephone #: (248) 499-2943

Original Issuance Date: 09/10/2024

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/02/2025

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 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
No residents admitted during the temporary license period.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No residents admitted during the temporary license period.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. No residents admitted during the temporary license period.
- Meal preparation / service observed? Yes No If no, explain.
No residents admitted during the temporary license period.
- Fire drills reviewed? Yes No If no, explain.
No residents admitted during the temporary license period.
- Fire safety equipment and practices observed? Yes No If no, explain.
No residents admitted during the temporary license period.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain. No residents admitted during the temporary license period.
- Water temperatures checked? Yes No If no, explain.
No residents admitted during the temporary license period.
- Incident report follow-up? Yes No If no, explain.
No residents admitted during the temporary license period.
- 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 non-compliance with rules and requirements. The following rule violation was found:

R 400.713(3)

License required; application; form; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; “completed application” defined.

(3) Before issue or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an onsite evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the application.

On 04/02/2025, I completed an onsite inspection. There were no residents admitted to the facility during temporary license period.

IV. RECOMMENDATION

A corrective action plan has been received and approved; therefore, I recommend the status of the license be changed to a 1st provisional license.



Vanita C. Bouldin
Licensing Consultant

Date: 04/03/2025

Approved By:



Ardra Hunter
Area Manager

Date: 4/7/2025