



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 3, 2025

Oluwatoyin Ifaturoti
Joyful Abode, LLC
4982 Wilcox Rd.
Holt, MI 48842

RE: License #: AS330419105
Joyful Abode AFC
4982 Wilcox Rd.
Holt, MI 48842

Dear Mrs. Ifaturoti:

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) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, 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

| | |
|------------------------------|--|
| License #: | AS330419105 |
| Licensee Name: | Joyful Abode, LLC |
| Licensee Address: | 4982 Wilcox Rd. Holt, MI 48842 |
| Licensee Telephone #: | (517) 906-6959 |
| Administrator | Adeola Ifaturoti |
| Licensee Designee: | Oluwatoyin Ifaturoti |
| Name of Facility: | Joyful Abode |
| Facility Address: | 4982 Wilcox Rd. Holt, MI 48842 |
| Facility Telephone #: | (517) 906-6959 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. Purpose of Addendum

The purpose of this addendum to the original licensing study report is to add Mentally Ill to the program type served. The Licensee Designee would like to provide services to people who have a diagnosis of developmental disability and/or mental illness.

III. Methodology

On September 03, 2025, I reviewed a modification request from Licensee Designee, Oluwatoyin Ifaturoti, requesting to add mentally ill program type to the licensure. Ms. Ifaturoti also submitted an updated special certification application marking mentally ill and an updated program statement to include both developmentally disabled and mentally ill.

IV. Description of Findings and Conclusions

I have received and approved the program statement to include appropriate supports for both developmentally disabled and mentally ill. Licensee Designee, Oluwatoyin Ifaturoti has more than 20 years of experience providing care to individuals diagnosed with developmental disability and/or mental illness in adult foster care, home care and hospital settings. Administrator Adeola Ifaturoti has more than 13 years of experience providing care to individuals diagnosed with developmental disability and/or mental illness in adult foster care and residential service program settings.

V. Recommendation

I recommend the addition of the mental illness program type to this license.

Bridget Vermeesch

09/03/2025

Bridget Vermeesch
Licensing Consultant

Date

Approved:

Dawn Timm

Dawn Timm
Area Manager

09/03/2025

Date