



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 21, 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 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.

A six-month provisional license and special certification 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 (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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS330419105
<b>Licensee Name:</b>	Joyful Abode, LLC
<b>Licensee Address:</b>	4982 Wilcox Rd. Holt, MI 48842
<b>Licensee Telephone #:</b>	(517) 906-6959
<b>Licensee Designee:</b>	Oluwatoyin Ifaturoti, Designee
<b>Administrator:</b>	Adeola Ifaturoti
<b>Name of Facility:</b>	Joyful Abode AFC
<b>Facility Address:</b>	4982 Wilcox Rd. Holt, MI 48842
<b>Facility Telephone #:</b>	(517) 906-6959
<b>Original Issuance Date:</b>	02/24/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 08/21/2025, No residents in care.

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: Public Water/Sewer

No. of staff interviewed and/or observed 0

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.  
No residents in care
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No residents in care
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No residents in care
- Meal preparation / service observed? Yes  No  If no, explain.  
No residents in care
- Fire drills reviewed? Yes  No  If no, explain.  
No residents in care
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
No residents in care
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
No residents in care
- Incident report follow-up? Yes  No  If no, explain.  
No residents in care
- 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.

This facility was found to be in non-compliance with the following rules:

**MCL 400.713**

**License required; application; forms; 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; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.**

**(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and(11), the department shall issue or renew a license if satisfied as to all of the following:**

**(a) The financial stability of the facility.**

**(b) The applicant's compliance with this act and rules promulgated under this act.**

**(c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.**

**(d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.**

**(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral**

**character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.**

During the temporary licensure period of 02/24/2025-07/23/2025, no residents were admitted to the facility and quality of care could not be determined.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

*Bridget Vermeesch*

08/21/2025

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Bridget Vermeesch  
Licensing Consultant

Date

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Dawn Timm  
Area Manager

Date