GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 11, 2026

Folashade Olowu
Moji Group Home LLC
58 Harriet Ln
Battle Creek, MI 49017

RE: Application #: AS130420248
Moji Group Home LLC
58 Harriet Ln
Battle Creek, MI 49017

Dear Mrs. Olowu:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (616) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS130420248
Applicant Name:	Moji Group Home LLC
Applicant Address:	58 Harriet Ln Battle Creek, MI 49017
Applicant Telephone #:	(269) 779-0585
Licensee Designee:	Folashade Olowu
Administrator:	Folashade Olowu
Name of Facility:	Moji Group Home LLC
Facility Address:	58 Harriet Ln Battle Creek, MI 49017
Facility Telephone #:	(269) 779-0585
Application Date:	01/27/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODOLOGY

01/27/2026	Enrollment
01/27/2026	Contact - Document Received
01/27/2026	Lic. Unit file referred for background check review
01/27/2026	Application Incomplete Letter Sent
01/27/2026	Contact - Document Sent
01/28/2026	Contact - Document Received
01/28/2026	Lic. Unit file referred for background check review
02/10/2026	Comment
02/12/2026	Comment
02/13/2026	Contact - Document Sent
02/17/2026	Contact - Document Received
02/17/2026	File Transferred To Field Office
02/17/2026	Application Incomplete Letter Sent
02/18/2026	Contact - Document Received
02/18/2026	Contact - Document Sent
02/18/2026	Contact - Document Received
02/18/2026	Contact - Document Sent
02/18/2026	Contact - Document Received
02/19/2026	Contact - Document Sent
03/04/2026	Contact - Document Received
04/24/2026	Contact - Document Received
04/24/2025	Application Complete/On-site Needed
05/07/2026	Inspection Completed On-site
05/07/2026	Inspection Completed-Env. Health : A

05/07/2026 Inspection Completed-Fire Safety : A

05/07/2026 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Moji Group Home LLC is a wood framed brick covered ranch home with a full finished basement, located at 58 Harriet Lane Battle Creek, Michigan in Calhoun County. There are multiple restaurants and convenience stores within driving distance, as well as Pennfield Public School District, Bronson Battle Creek Hospital, Battle Creek-Select Specialty Hospital along with Calhoun County Medical Care Facility located within two to four miles of the facility. Direct care staff and visitor parking is located in the driveway of the facility with ample amount of space provided.

Residents will have access and occupy the first floor of the facility which consists of three resident bedrooms, two full bathrooms, kitchen, large activity room, living room, dining room, laundry room with washer and dryer along with two large sitting porches located at front entrance and rear of the facility. The facilities basement consist of additional storage areas, furnace and hot water heater along with staff office areas. Residents will not have access to the basement.

There are two separate approved means of egress at the facility one located at the front entrance and the second exiting rear into the backyard. However, neither exit is wheelchair accessible so the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair to assist with mobility.

The facility utilizes public water and sewer supply disposal system. The basement door is constructed of 1 ¾ -inch fire rated solid core door equipped with an automatic self-closing device and positive latching hardware creating a floor separation from the first floor of the facility to the basement. The facility's furnace and hot water heater was observed in the basement. The furnace and hot water heater utilize natural gas and was inspected by a licensed professional on 4/24/26 and found to be in fully operational order.

The facility is equipped with hardwired interconnected blue tooth smoke and carbon monoxide detection system with battery back-up installed by a licensed electrician and is fully operational. There are smoke detectors in sleeping areas, near heating equipment and on each level of the facility. The facility is equipped with fire extinguishers located in the kitchen, large activity room and in the basement. Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11’3” x 12’1”	132 sq. ft.	2
2	12’8” x 12’2”	144 sq. ft.	2
3	15’2” x 14’9”	210 sq. ft.	2

The indoor living and dining areas measure a total of 679 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement. Based on the above information, this facility can accommodate six (6) residents only. It is the licensee’s responsibility not to exceed the licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male and female ambulatory adults whose diagnosis is physically handicapped, developmentally disabled, mentally impaired and aged in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs. The applicant intends to accept residents with private pay and referral sources from Michigan Department of Health and Human Services (MDHHS).

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

In addition, the licensee will provide transportation for all residents’ medical and dental needs including community outings. Additional transportation services including resident laundry services will be covered under the resident daily rate. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this home to utilize local community resources including libraries, shopping centers, churches and local parks. These resources provide an environment to enhance the quality of life and increase the independence of residents. Residents are responsible for their own purchases on outings.

C. Rule/Statutory Violations

The applicant is Moji Group Home LLC, which is a “Domestic Limited Liability Company”, was established in Michigan, on 1/12/26. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate financial capability to operate this adult foster care facility.

Moji Group Home LLC has submitted documentation appointing Folashade Olowu as Licensee Designee and Administrator of the facility. A licensing record clearance request was completed with no convictions recorded for Folashade Olowu. Mrs. Olowu submitted medical clearance requests with statements from a physician documenting her good health and current negative TB results.

Mrs. Folashade Olowu has provided documentation to satisfy the qualifications and training requirements as licensee designee and administrator identified in the group home rules. Mrs. Olowu has three years of experience working directly with individuals diagnosed with mental illness, physically handicapped, developmentally disabled and aged. Throughout the three years, Mrs. Olowu worked coordinating individualized community services with individuals having specialized care. Mrs. Folashade Olowu has completed all required trainings in accordance with AFC requirements.

The staffing pattern for the original license of this three-bed facility is adequate and includes a minimum of one-staff-to-six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will be awake during sleeping hours.

The applicant acknowledges that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff-to-resident ratio.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee designee can administer medication to residents. In addition, the applicant has indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all resident personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested. The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

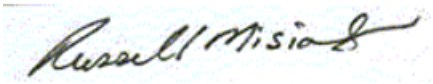
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of six (6) residents.

5/11/26

Kevin Sellers — Date
Licensing Consultant

Approved By:



5/11/26

Russell B. Misiak — Date
Area Manager