



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 25, 2018

Scott Schrum  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: Application #: AM390382663  
**Hoard Manor**  
**305 West Cork Street**  
**Kalamazoo, MI 49001**

Dear Mr. Schrum:

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 12 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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(517) 281-9913

enclosure

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

**I. IDENTIFYING INFORMATION**

**License Application #:** AM390382663

**Applicant Name:** Residential Opportunities, Inc.

**Applicant Address:** 1100 South Rose Street  
Kalamazoo, MI 49001

**Applicant Telephone #:** (269) 343-3731

**Administrator:** Allen Geise

**Licensee Designee:** Scott Schrum

**Name of Facility:** Hoard Manor

**Facility Address:** 305 West Cork Street  
Kalamazoo, MI 49001

**Facility Telephone #:** (269) 343-9726  
04/29/2016

**Application Date:**

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

04/29/2016	Enrollment
05/10/2016	Inspection Report Requested - Health 1025748
05/10/2016	Inspection Report Requested - Fire
05/10/2016	Application Incomplete Letter Sent 1326 for Administrator Jean Smith-Paige
05/10/2016	Contact - Document Sent Fire Safety String & Rule/Act Books
06/08/2016	Contact - Document Received 1326/Fingerprint/RI 030 for Scott Schrum and 1326 for Thelma Smith-Paige
06/09/2016	Lic. Unit file referred for background check review Red Screen - AS390243303
06/16/2016	File Transferred To Field Office Lansing
07/06/2016	Application Incomplete Letter Sent
09/06/2017	Inspection Completed- Fire Safety: A
12/27/2017	Inspection Completed BCAL-Full Compliance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Hoard Manor is a ranch style home located in a suburban neighborhood, in the city of Kalamazoo. The property is owned by the applicant Residential Opportunities, Inc. On file is proof of property ownership. The home is located within walking distance of Westnedge Hill Community Church and a Walgreen's convenience store. The home is approximately 1.5 miles from Bronson Hospital and Kalamazoo County DHHS, and is within close proximity to several restaurants and stores. The home's main entrance leads into a shared dining and living room area. Located off the left side of the living room is a hallway that leads to four private resident bedrooms, and to the right of the living room is four private resident bedrooms on the main floor and four private resident bedrooms on the second story. The home has six full bathrooms and two half bathrooms. The home's kitchen is adjacent to the dining room and located near the main entrance of the home.

This home has a basement that will not be used by residents. Steps are present between the first and second floor of the home. The main floor entrance and exit to the home are at ground level and do not include steps or risers. The main floor is wheelchair accessible and houses resident bedrooms that are also wheelchair accessible. Residents with impaired mobility will not reside in bedrooms on the second floor as the second floor of the facility is not accessible to residents with wheelchairs or other mobility assistance devices. The home utilizes public water and public sewage. An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes two electric water heaters and furnace that is located in the home's basement. A 1 ¾-inch solid wood core door is installed in a substantially fully stopped wood frame at the top of the stairs leading to the home's basement, creating floor separation. A second electric water heater is located in a closet on the main floor. A 1 ¾-inch solid wood core door is installed in a substantially fully stopped wood frame that encloses this closet area, creating floor separation. On file is written verification from a qualified inspection service verifying that the water heater and furnace are in good working condition.

The facility is equipped with single-station, battery-operated smoke detectors located near sleeping areas, in the kitchen and in the basement. An on-site inspection completed on 09/06/2017 by the Bureau of Fire Services verified that the home is in substantial compliance with all applicable fire safety administrative rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8' x 11 x 3 x 5'	103	1
2	11' x 12'	132	1
3	11' x 14'	154	1
4	11' x 14'	154	1
5	11' x 14'	154	1
6	11' x 13'	143	1
7	11' x 14'	154	1
8	11' x 14'	154	1
9	12' x 8'	96	1
10	16' x 9'	144	1
11	11' x 11'	121	1
12	7' x 19'	133	1
13	9' x 9'	81	0
14	11' x 14'	154	0

The indoor living and dining areas measure a total of 629 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve (12)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

The applicant, Residential Opportunities, Inc. intends to provide 24-hour supervision, protection and personal care to twelve male and female ambulatory residents who are developmentally disabled and/or aged. The program will include personal care and medication assistance, housekeeping and laundry services, scheduled activities and group outings, and transportation to and from medical appointments. The applicant intends to accept residents from Kalamazoo County Community Mental Health Authority or private pay individuals as a referral source.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques, and only with the prior approval of the resident, guardian, and the responsible agency.

Transportation will be provided during emergency situations and as agreed upon in each resident's *Resident Care Agreement*. The facility will make provisions for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping

centers, and local parks to improve the quality of life and personal independence of residents.

### **C. Applicant and Administrator Qualifications**

The applicant is Residential Opportunities, Inc., which is a “Non Profit Corporation”, established in Michigan on 12/21/1977. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Residential Opportunities, Inc. has submitted documentation appointing Scott Schrum as licensee designee for this facility and Allen Geise as the administrator of the facility.

Criminal history background checks of the licensee designee and administrator were completed and the licensee designee and administrator are determined to be of good moral character to provide licensed adult foster care. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current negative tuberculosis test results.

Mr. Schrum and Mr. Giese have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They are both currently Licensee Designee and Administrator for other AFC facilities licensed to Residential Opportunities, Inc. and have been for several years.

The staffing pattern for the original license of this twelve bed facility is adequate and includes a minimum of two staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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 acknowledged 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 acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

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

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

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

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

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

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

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

The applicant acknowledged the 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 acknowledged 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 six-month temporary license to this adult foster care small group home with a capacity of twelve (12) residents.



01/18/2018

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Eli DeLeon  
Licensing Consultant

Date

Approved By:



01/25/2018

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Dawn N. Timm  
Area Manager

Date