



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 14, 2018

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

RE: Application #: AM390382558
Wisner House
2208 East 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
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM390382558
Applicant Name:	Residential Opportunities, Inc.
Applicant Address:	1100 South Rose Street Kalamazoo, MI 49001
Applicant Telephone #:	(269) 343-3731
Licensee Designee:	Scott Schrum
Administrator:	Jennifer Strebs
Name of Facility:	Wisner House
Facility Address:	2208 East Cork Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 381-1455
Application Date:	04/25/2016
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODOLOGY

04/20/2018	Inspection Completed- Fire Safety : A
04/25/2016	Enrollment
05/03/2016	Inspection Report Requested - Fire
05/03/2016	Inspection Report Requested - Health 1025648
05/03/2016	Application Incomplete Letter Sent 1326/Fingerprint/Livescan form for Scott Schrum and 1326 for Administrator Jennifer Strebs
05/03/2016	Contact - Document Sent Rule/ACT Books & Fire Safety String
06/06/2016	Inspection Completed-Env. Health : A
06/08/2016	Contact - Document Received 1326/Fingerprint/RI 030 for Scott Schrum and 1326 for Jennifer Strebs
06/09/2016	Lic. Unit file referred for background check review
06/16/2016	File Transferred To Field Office Lansing
07/06/2016	Application Incomplete Letter Sent
06/06/2018	Plan Review Received BFS157061 Approved
09/28/2018	Inspection Completed On-site
09/28/2018	Inspection Completed-Env. Health : A
09/28/2018	Inspection Completed Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Wisner House is a two-story 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 Threads Church and a Family Dollar convenience store. The home is approximately 3 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 six private resident bedrooms, and to the right of the living room is three private resident bedrooms on the main floor and three private resident bedrooms on the second story. Nine resident bedrooms are accessible on the main floor to residents who regularly use devices to assist with mobility. The home has six half bathrooms and three full bathrooms. The home's kitchen is adjacent to the dining room and located near the main entrance of the home.

This home has no basement and is slab built. Steps are present between the first and second floor of the home. The first floor of the facility has two means of egress on the north side of the facility at ground level. There are no steps or risers to exit or enter the home thus making the home wheelchair accessible. 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 substantial compliance with all applicable environmental health components and administrative rules.

The on-site inspection also verified that the home is in substantial compliance with rules pertaining to fire safety. The home utilizes two gas furnaces and one gas water heater that is only accessible from the outside of the home. A 1 ¾-inch solid wood core door is installed in a substantially fully stopped wood frame on the exterior of the home, in a fully enclosed utility room, creating floor separation for this area. On file is written verification from a qualified inspection service verifying that the water heater and furnaces are in good working condition.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational near sleeping areas, in the kitchen and in the basement. An on-site inspection completed on 06/06/2018 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	9'10" X 12'	118	1
2	11' X 8'	88	1
3	9' X 14'	126	1
4	11' X 9'	99	1
5	11' X 11'	121	1
6	14' X 14'	196	1
7	17' X 10'	170	1
8	17' X 10'	170	1
9	10' X 12"	120	1
10	10' X 15'	150	1
11	10' X 15'	150	1
12	10' X 15'	150	1

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 residents who are developmentally disabled and/or physically handicapped. 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 corporation’s 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 Jennifer Strebs 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 Ms. Strebs 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 experience working with the physically handicapped and developmentally disabled 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) 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 designee, 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 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 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.



10/04/2018

Eli DeLeon
Licensing Consultant

Date

Approved By:



10/14/2018

Dawn N. Timm
Area Manager

Date