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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 3, 2021

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

RE: License #: AM390382558

**Wisner House** 

2208 East Cork Street Kalamazoo, MI 49001

Dear Mr. Schrum:

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.

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) 284-9730.

Sincerely,



Eli DeLeon, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-4091

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

### I. IDENTIFYING INFORMATION

**License #:** AM390382558

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

**Licensee Address:** 1100 South Rose Street

Kalamazoo, MI 49001

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

Licensee/Licensee Designee: Scott Schrum

Administrator: Diane Fidler

Name of Facility: Wisner House

Facility Address: 2208 East Cork Street

Kalamazoo, MI 49001

**Facility Telephone #:** (269) 381-1455

Original Issuance Date: 10/15/2018

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):				
Date of Bureau of Fire Services Inspection if applicable: "C" Rating, 02/09/2021					
Date of Environmental/Health Inspection if applicable:			N/A		
Inspection Type:		☐ Interview and Observation☐ Combination	n ⊠ Worksheet □ Full Fire Safety		
No. of staff interviewed and No. of residents interviewe No. of others interviewed			2 5		
•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ If no, explain.				
•	Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain				
•	Resident funds and associated documents reviewed for at least one resident? Yes No I f no, explain.  Meal preparation / service observed? Yes No I f no, explain.				
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.				
•	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.				
•	E-scores reviewed? (Special Certification Only) Yes  No N/A If no, explain. Water temperatures checked? Yes No If no, explain.				
•	Incident report follow-up? Yes ⊠ No □ If no, explain.				
•	Corrective action plan compliance verified? Yes   CAP date/s and rule/s:  N/A				
•	Number of excluded e	employees followed-up?	N/A 🖂		
•	Variances? Yes ☐ (p	olease explain) No ☐ N/A 🏻			

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14402 Food service.

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

Kitchen range hood filter was clogged with grease. One filter inside the range hood was broken.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, and a written plan of correction submitted to the Bureau of Fire Services, renewal of the license is recommended.

ケートス	05/03/2021
Eli DeLeon	
Licensing Consultant	Date