

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

August 27, 2021

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

RE: License #: AS390337773

Portage AFC

10145 Portage Road Portage, MI 49002

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, Michele Struter

Michele Streeter, Licensing Consultant

Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664

Lansing, MI 48909

(269) 251-9037

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

I. IDENTIFYING INFORMATION

License #: AS390337773

Licensee Name: Residential Opportunities, Inc.

Licensee Address: 1100 South Rose Street

Kalamazoo, MI 49001

Licensee Telephone #: (269) 343-3731

Licensee Designee: Scott Schrum

Administrator: Benjamin Padgett

Name of Facility: Portage AFC

Facility Address: 10145 Portage Road

Portage, MI 49002

Facility Telephone #: (269) 327-3640

Original Issuance Date: 03/25/2013

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):		08/05/2021, 08/26/2021	
Date of Bureau of Fire Se	rvices Inspection if app	plicable: N/A	
Date of Health Authority I	nspection if applicable:	: N/A	
Inspection Type:	☐ Interview and Ob☐ Combination	bservation 🔀 Worksheet 	
No. of staff interviewed ar No. of residents interview No. of others interviewed		4 6	
Medication pass / sin	nulated pass observed	? Yes ⊠ No □ If no, explain.	
Medication(s) and me	edication record(s) revi	iewed? Yes ⊠ No □ If no, explai	
 Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain. Meal preparation / service observed? Yes ☐ No ∑ If no, explain. No meal prepared at the time of inspection. Fire drills reviewed? Yes ∑ No ☐ If no, explain. 			
▶ Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.			
If no, explain.	Special Certification O	Only) Yes ⊠ No □ N/A □ □ □ If no, explain.	
Incident report follow-up? Yes ⊠ No ☐ If no, explain.			
Corrective action plan compliance verified? Yes CAP date/s and rule/s: 09/27/2019 CAP; Rules 208(1)(c), 205(4), 205(6) 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 found to be in non-compliance with the following rules:

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

- (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:
- (d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

FINDING: The section on Resident A's and Resident B's written Resident Care Agreement regarding transportation services was not filled out. Resident Care Agreements must contain all required information as outlined in the subrules.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

FINDING: A resident care agreement is a contract between the resident or resident's designated representative, the licensee, and the responsible agency, if any, and details the responsibilities of each. Resident care agreements must contain all the required signatures and dates. Resident A's and Resident C's written Resident Care Agreements contained the signature of administrator Ben Padgett and not licensee designee Scott Schrum. Resident B's written Resident Care Agreement was missing Mr. Schrum's signature and only contained the signatures of Resident B's legally appointed quardian and responsible agency.

R 400.14304 Resident rights; licensee responsibilities.

- (1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:
- (b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.

FINDING: The facility's backyard is surround by a fence that is equipped with two egresses. At the time of my onsite inspection, I was unable to exit the backyard through either egress, as both were locked with a padlock. One of two egresses must remain unlocked to ensure freedom of movement.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a regular small group AFC home license and special certification is recommended.

Michele Struter	08/27/2021
Michele Streeter	Date
Licensing Consultant	