



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 3, 2024

Jeana Koerber  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: License #: AS390276090  
**Lands End**  
**5100 Lands End**  
**Kalamazoo, MI 49009**

Dear Jeana Koerber:

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 and specialized certification for the developmentally disabled and mentally ill populations, 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AS390276090                                   |
| <b>Licensee Name:</b>              | Residential Opportunities, Inc.               |
| <b>Licensee Address:</b>           | 1100 South Rose Street<br>Kalamazoo, MI 49001 |
| <b>Licensee Telephone #:</b>       | (269) 343-3731                                |
| <b>Licensee/Licensee Designee:</b> | Jeana Koerber                                 |
| <b>Administrator:</b>              | Quenisha Dugas                                |
| <b>Name of Facility:</b>           | Lands End                                     |
| <b>Facility Address:</b>           | 5100 Lands End<br>Kalamazoo, MI 49009         |
| <b>Facility Telephone #:</b>       | (269) 343-9723                                |
| <b>Original Issuance Date:</b>     | 07/13/2005                                    |
| <b>Capacity:</b>                   | 6   |
| <b>Program Type:</b>               | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL      |

## II. METHODS OF INSPECTION

Date of On-site Inspection: 07/03/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 03/20/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes  No  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  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  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 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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.**

**FINDING:** The facility's Administrator, Quenisha Dugas, did not have a Workforce Background Check (WBC) clearance in her employee file deeming her eligible to work in the facility.

**R 330.1803 Facility environment; fire safety.**

**(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:**

**(a) Improve the score to at least the "slow" category.**

**(b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O.Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.**

**FINDING:** Resident A was admitted to the facility May 2024; however, an evacuation assessment was not completed within 30 days of her admission, as required.

**R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** The last assessment plan in Resident B's resident file was dated 2021.

**R 400.14306 Use of assistive devices.**

**(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.**

**FINDING:** Resident C had half bed rails on her hospital bed and a Hoyer lift was observed in her bedroom; however, neither of these assistive devices were specified in her written assessment plan, as required.

**R 400.14306 Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

**FINDING:** There was no physician's order available for review for Resident C's half bed rails or Hoyer lift, which stated the reason and the term of the authorization, as required.

**R 400.14315 Handling of resident funds and valuables.**

**(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.**

**FINDING:** The licensee was safeguarding \$555.74 and \$212.61 of Resident C's and Resident D's personal funds, respectively, which is over the allowed \$200.

**R 400.14403 Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

**FINDING:** The door, door frame and door trim in the facility's main level bathroom was observed in disrepair. Sections were damaged exposing the material underneath the paint.

The main level bathroom mirror was desilvered causing the bottom section of the mirror to have black spots and black sections.

The outside door trim to Resident E's bedroom was missing.

The cleaning closet doors had sections of missing paint.

**R 400.14403          Maintenance of premises.**

**(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.**

**FINDING:** The facility's roof had the significant moss built up on the backside. Additionally, there was significant presence of tree limbs, leaves, and debris built up on the roof's valley on the backside of the facility's roof.

**R 400.14403          Maintenance of premises.**

**(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.**

**FINDING:** The walls in the facility's main level bathroom were in disrepair as paint was missing and drywall was exposed.

**R 400.14403          Maintenance of premises.**

**(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.**

**FINDING:** The floor in the facility's main level bathroom was pervious to water near the bathtub. Several square foot sections were observed with no flooring and exposed underlayment and subfloor. Subsequently, the flooring near the bathtub is in disrepair and not in sound condition.

**R 400.14403          Maintenance of premises.**

**(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All**

**exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.**

**FINDING:** The lower portion of the basement staircase has a half wall; however, the last two steps are open and in need of a handrail. All open sides of a staircase need handrails.

**R 400.14507            Means of egress generally.**

**(1) A means of egress shall be considered the entire way and method of passage to free and safe ground outside a small group home.**

**FINDING:** The two resident bedrooms in the basement have egress doors to the outside of the facility; however, both passages to free and safe ground were obstructed.

Resident B's sliding door opened to overgrown ground cover that was approximately a foot tall in areas against the sliding door.

Resident D's screen door wouldn't open more than a foot due to the excessive build up of leaves and debris right outside the door.

**R 400.14507            Means of egress generally.**

**(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.**

**FINDING:** Resident B's sliding door, which is his required means of egress to the outside of the basement, is locking against egress.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the developmentally disabled and mentally ill, are recommended.

*Cathy Cushman*

07/03/2024

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Cathy Cushman  
Licensing Consultant

Date