



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 28, 2024

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

RE: License #: AS390066803  
**Almena Drive AFC**  
**10280 Almena Drive**  
**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**

**License #:** AS390066803

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

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

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

**Licensee Designee:** Jeana Koerber

**Administrator:** Gloria Steele

**Name of Facility:** Almena Drive AFC

**Facility Address:** 10280 Almena Drive  
Kalamazoo, MI 49009

**Facility Telephone #:** (269) 372-1389

**Original Issuance Date:** 06/16/1995

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 10/24/2024

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

Date of Health Authority Inspection if applicable: 08/26/2024

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.  
The inspection did not take place during a meal time; however, an abundance of food was observed in the facility.
- 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   
On 06/08/1995, the licensee received variance approvals for R. 408(7), R. 401(7), and R. 508. The facility's basement bedrooms do not have windows; however, the bedrooms open to hallways, which lead to doors exiting the facility.

On 09/08/2023, the licensee received a variance approval for R. 410(4)(f) due to a resident's preference for using a daybed rather than a standard bed.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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

**(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.**

**FINDING:** At the time of the onsite inspection, the 2023 and 2024 annual inspections of the fire safety system were not available for review, as required.

REPEAT VIOLATION ESTABLISHED

SEE 2022 RENEWAL LSR, dated 10/13/2022, CAP DATED, 10/25/2022

**R 400.14205**                      **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

**FINDING:** I reviewed direct care staff files at the licensee's main office on 10/21/2022. During that review, I determined direct care staff, Carol Yarber's, and Administrator, Gloria Steele's, health statuses were last reviewed on 08/09/2023 and 09/20/2022, respectively. Consequently, their health statuses were not reviewed on an annual basis, as required.

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

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

**FINDING:** Neither Resident A nor Resident B had Resident Funds I forms completed, as required.

REPEAT VIOLATION ESTABLISHED  
SEE 2020 RENEWAL LSR, dated 12/11/2020, CAP DATED, 12/14/2020

**R 400.14319 Resident transportation.**

**When a home provides transportation for a resident, the licensee shall assure all of the following:**

**(d) That a vehicle operator has a valid driver's license. A licensee who uses a motor vehicle with a manufacturer's rated seating capacity of 16 or more persons shall comply with the provisions of section 715a of Act No. 300 of the Public Acts of 1949, as amended, being S257.715a of the Michigan Compiled Laws.**

**FINDING:** I reviewed direct care staff files at the licensee's main office on 10/21/2022. During that review, I determined direct care staff, Carmelita Mattox, provides transportation for the facility's residents; however, the copy of her driver's license documented her license expired on 11/24/2023. Consequently, the licensee did not have a copy of Ms. Mattox' valid driver's license.

**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:** Duct tape was observed on the bathroom light switch, which is located within the common living room near the garage. The duct tape was being utilized to hold the light switch in the “on” and “off” positions.

The facility’s Administrator, Ms. Steele, stated one of the facility’s residents will often not turn on the light so the duct tape keeps the light in the on position. I discussed with Ms. Steele the possibility of a motion light in this bathroom.

**R 400.14403            Maintenance of premises.**

**(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.**

**FINDING:** The bathroom rugs in the basement bathroom did not have non skid backing, as required.

**R 400.14403            Maintenance of premises.**

**(13) A yard area shall be kept reasonably free from all hazards, nuisances, refuse, and litter.**

**FINDING:** A pile of debris and refuse was observed outside the facility’s basement door.

**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 basement door, door frame, and door threshold were in disrepair. There were observable signs of water damage and rot. Additionally, there was no seal to ensure it’s weathertight and watertight.

**R 400.14511            Flame-producing equipment; enclosures.**

**(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.**

**FINDING:** The facility has no floor separation between the basement and main level. It was reported by the facility’s Administrator, Ms. Steele, that the staircase, at some point, extended to the facility’s main level ceiling with a fire door at the top of the

stairs; however, the staircase was remodeled to open up the main living area. Consequently, the facility no longer has required floor separation.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



10/28/2024

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Licensing Consultant

Date