



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 13, 2025

Wycliffe Opiyo
Mercy Homes Assisted Living LLC
2901 Asbury St.
Kalamazoo, MI 49048

RE: License #: AS390380979
**Mercy Homes Assisted Living
2901 Asbury St.
Kalamazoo, MI 49048**

Dear Wycliffe Opiyo:

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 mentally ill and developmentally disabled, 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 script is fluid and cursive, with the first name "Cathy" and last name "Cushman" clearly legible.

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 #:	AS390380979
Licensee Name:	Mercy Homes Assisted Living LLC
Licensee Address:	2901 Asbury St. Kalamazoo, MI 49048
Licensee Telephone #:	(817) 781-6512
Licensee Designee:	Wycliffe Opiyo
Administrator:	Wycliffe Opiyo
Name of Facility:	Mercy Homes Assisted Living
Facility Address:	2901 Asbury St. Kalamazoo, MI 49048
Facility Telephone #:	(817) 781-6512
Original Issuance Date:	09/26/2016
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: m 02/10/2025

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Licensee Designee

- 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.
Inspection did not take place during a meal time; however, 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 ☐
A variance was granted on 09/16/2016 for R 400.14405(4) because the facility is a tri-level facility and there are resident bedrooms on the "3rd floor".

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 multistation 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: There was no verification the fire safety system had been inspected by a licensed electrical contractor for 2023 or 2024, as required.

REPEAT VIOLATION ESTABLISHED

**SEE RENEWAL LSR, DATED 02/17/2023, CAP DATED 02/22/2023
SEE RENEWAL LSR, DATED 03/02/2021, CAP DATED 03/08/2021**

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

FINDING: Documentation for the facility's fire drills did not indicate fire drills were being completed during the daytime, evening and sleeping hours every 3 months, as required for the entire 2024 year. All the fire drills for 2024 documented they were completed at approximately 7 am.

REPEAT VIOLATION ESTABLISHED

SEE RENEWAL LSR, DATED 02/17/2023, CAP DATED 02/22/2023
SEE RENEWAL LSR, DATED 03/02/2021, CAP DATED 03/08/2021

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: Residents are using a plastic container to dispose of their cigarette butts creating a fire hazard.

There was no cover on the baseboard heat vent in the basement level bathroom.

The closet door in the resident bedroom past the bathroom on the upper level needed repair. The licensee designee submitted picture compliance after the inspection showing the closet door fixed.

There was a wall mounted gas-powered space heater in the facility's remodeled garage area, which was on and being used during the inspection. It should be noted the flame produced by the unit was orange rather than blue indicating incomplete combustion and increased wasted fuel and carbon monoxide emissions. The licensee designee stated residents are not using the remodeled space. The licensee designee stated the wall mounted space heater was being utilized to prevent water pipes from freezing as part of the garage had been remodeled to a bathroom. The licensee designee stated he agreed with his maintenance person that the gas line and water to the bathroom would be shut off and the unit would be removed from the wall until the space was adequate and safe for occupants. The licensee designee submitted picture compliance after the inspection showing the unit had been removed from the wall.

REPEAT VIOLATION ESTABLISHED

SEE RENEWAL LSR, DATED 02/17/2023, CAP DATED 02/22/2023

R 400.14403 Maintenance of premises.

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

FINDING: Multiple used mattresses were in the facility's backyard.

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 resident bedroom on the left hand side in the facility's basement needed to be patched and painted.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

FINDING: Bathroom windows were not opening during the inspection because they'd been painted shut; despite the need to be opened for ventilation. The licensee designee submitted picture compliance after the inspection showing the windows open.

R 400.14505 Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(1) At least 1 single-station, battery-operated smoke detector shall be installed at the following locations:

(b) On each occupied floor, in the basement, and in areas of the home that contain flame- or heat-producing equipment.

FINDING: The facility's garage was remodeled to create a living space; however, there is no functioning interconnected smoke detector in this space.

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's fire door between the sub-basement and the facility's basement was not creating floor separation as there was an approximate one inch gap between the bottom of the door to the floor.

Additionally, the fire door was not positive latching, as required.

The licensee designee submitted picture compliance after the inspection showing a threshold had been installed at the bottom of the door whereas there was no longer an observable gap between the bottom of the door and the floor.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification, are recommended.



02/13/2025

Cathy Cushman
Licensing Consultant

Date