



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 23, 2025

Timothy Van Dyk  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: License #: AS390392120  
**New Post**  
**612 Landsdowne Ave.**  
**Portage, MI 49002**

Dear Timothy Van Dyk:

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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The script is cursive and fluid, 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**

<b>License #:</b>	AS390392120
<b>Licensee Name:</b>	Residential Opportunities, Inc.
<b>Licensee Address:</b>	1100 South Rose Street Kalamazoo, MI 49001
<b>Licensee Telephone #:</b>	(269) 343-3731
<b>Licensee Designee:</b>	Timothy Van Dyk
<b>Administrator:</b>	Jennifer Risselmann
<b>Name of Facility:</b>	New Post
<b>Facility Address:</b>	612 Landsdowne Ave. Portage, MI 49002
<b>Facility Telephone #:</b>	(269) 375-6265
<b>Original Issuance Date:</b>	11/08/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection: 04/21/2025

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 4

No. of others interviewed 1 Role: Administrator

- 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:** Direct care staff, Kristin Bauer and Arthur Brown, did not have Workforce Background Checks (WBC) deeming them eligible to work in the facility, despite hire dates of 9/25/2023 and 01/05/2010, respectively.

Even if a licensee has several facilities, each facility must be able to provide an eligibility letter from the Workforce Background Check stating the direct care staff is eligible to work in that specific facility.

During the inspection, Administrator Jennifer Risselmann stated both staff had fingerprints completed through the WBC on or around 04/16/2025; however, their eligibility letters were not available for review.

**REPEAT VIOLATION, SEE RENEWAL, DATED 04/19/2023, CAP DATED 05/04/2023**

**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:** Half bed rails were observed on Resident B's, Resident C's, and Resident D's bed; however, there were no physician's orders available for review authorizing any of the bedrails. A wheelchair was also observed in Resident D's bedroom, but there was no physician's order for the wheelchair either. The physician's order shall document the reason for assistive devices and the term in which they will be utilized.

Resident C's bed rails were removed during the inspection.

**REPEAT VIOLATION, SEE RENEWAL, DATED 04/19/2023, CAP DATED 05/04/2023**

**R 400.14401            Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

**FINDING:** The water temperature from the sink on the right side of the facility was registering at 88 degrees Fahrenheit.

**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 facility's sprinkler system was leaking in the basement. Administrator, Jennifer Risselmann, stated parts to fix it had been ordered.

An extension cord was observed in Resident A's bedroom. Additionally, Resident A's bedroom was cluttered with bulky furniture, which made accessing his room difficult.

**R 400.14403            Maintenance of premises.**

**(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

**FINDING:** The toilet in the bathroom on the left side of the facility had observable fecal matter in it.

**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:** Doors and door jambs throughout the facility were scuffed up and damaged.

**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:** Walls throughout the facility were damaged, scraped and in need of paint, specifically the dining room.

An approximate 2 ft x 2 ft of flooring in Resident A's bedroom was in total disrepair and in need of replacement.

#### IV. RECOMMENDATION

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



04/23/2025

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Cathy Cushman  
Licensing Consultant

Date