



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 21, 2026

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

RE: License #: AS390279690  
**Litchfield**  
**6072 Litchfield**  
**Kalamazoo, MI 49009**

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 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 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>	AS390279690
<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>	Anthony Tipken
<b>Name of Facility:</b>	Litchfield
<b>Facility Address:</b>	6072 Litchfield Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(269) 343-9728
<b>Original Issuance Date:</b>	12/08/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 05/15/2026

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

Date of Environmental/Health Inspection if applicable: 02/11/2026

No. of staff interviewed and/or observed 3

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.  
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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? 2 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 400.645                      Environmental health.**

**(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.**

**FINDING:** Water temperatures exceeded the allowable range, registering at 122 degrees Fahrenheit in the hallway half bathroom and 125 Fahrenheit in the en-suite bathroom.

**R 400.645                      Environmental health.**

**(8) A habitable room must have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. From April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes must be supplied with a standard screen of not less than 16 mesh.**

**FINDING:** The hallway half bathroom did not have mechanical ventilation and utilized a window for outside ventilation; however, the window did not have a screen.

**R 400.665                      Food service.**

**(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.**

**FINDING:** Leftover food and food removed from its original packaging were observed in the refrigerator without labels identifying the opened date and expiration or discard date.

**R 400.673 Use of assistive devices, therapeutic support.**

**(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.**

**FINDING:** Half bed rails were observed Resident A's bed; however, the use of the half bed rails was not identified in Resident A's assessment plan.

**R 400.675 Resident medications.**

**(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.**

**FINDING:** Review of Resident A's May Medication Administration Record (MAR) documented prescribed Albuterol and Oxycodone 5 mg; however, these medications were not available in the facility or secured in a locked cabinet or drawer.

Additionally, Resident B's prescribed Motrin 200 mg was not available in the facility or secured in a locked cabinet or drawer.

**R 400.675 Resident medications.**

**(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:**

**(b) Complete an individual medication log that contains all of the following:**

- (i) Medication name.**
- (ii) Dosage.**
- (iii) Label instructions for use.**
- (iv) Time to be administered.**

(v) Initials of the individual who administered the medication at the time given.

(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.

**FINDING:** Senna-lax 8.6 mg tablets for Resident B were observed in the medication cabinet; however, a medication log containing the required information for this medication was not available.

**R 400.675**                      **Resident medications.**

**(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.**

**FINDING:** Resident C's Acetaminophen 325 mg tablets remained in the medication cabinet despite an expiration date of 01/16/2025.

**IV. RECOMMENDATION**

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



05/21/2026

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Cathy Cushman  
Licensing Consultant

Date