



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

January 02, 2019

Scott Schrum  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: License #: AS390314010  
Investigation #: **2019A0462009**  
**Hill an Brook AFC**

Dear Mr. Schrum:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,



Michele Streeter, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 251-9037

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390314010
<b>Investigation #:</b>	2019A0462009
<b>Complaint Receipt Date:</b>	11/08/2018
<b>Investigation Initiation Date:</b>	11/08/2018
<b>Report Due Date:</b>	01/07/2019
<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>Administrator:</b>	David Stedman
<b>Licensee Designee:</b>	Scott Schrum
<b>Name of Facility:</b>	Hill an Brook AFC
<b>Facility Address:</b>	2702 Hill an Brook Dr. Portage, MI 49024
<b>Facility Telephone #:</b>	(269) 488-0977
<b>Original Issuance Date:</b>	10/17/2011
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	04/28/2018
<b>Expiration Date:</b>	04/27/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Resident A picked up a spray bottle of cleaning solution that was left unsecured in the facility. Resident A took the bottle into the bathroom, sprayed cleaning solution and sniffed it.	Yes

## III. METHODOLOGY

11/08/2018	Special Investigation Intake 2019A0462009
11/08/2018	Special Investigation Initiated – Emailed RRO Michele Schiebel.
11/15/2018	Contact- Telephone interview with RRO Michele Schiebel.
12/04/2018	Investigation completed on-site. Interviews with Assistant Program Coordinator Carla Beltran and Administrator David Stedman.
12/26/2018	Referral made to Kalamazoo County APS.
12/27/2018	Exit conference with Licensee Designee Scott Schrum.

### **ALLEGATION:**

**Resident A picked up a spray bottle of cleaning solution that was left unsecured in the facility. Resident A took the bottle into the bathroom, sprayed cleaning solution and sniffed it.**

### **INVESTIGATION:**

On 11/08/2018 the Bureau of Community and Health Systems (BCHS) received this complaint through the BCHS' on-line complaint system. I emailed Kalamazoo County Recipient Rights Officer Michele Schiebel who informed me that she was also investigating this allegation.

On 11/15 I conducted an interview with Ms. Schiebel who stated that the lock to a kitchen cabinet in the facility, which was used to house cleaning solutions, was broken and facility maintenance staff had been notified. All the facility's cleaning solutions had been moved to a locked cabinet in the facility's laundry room. However, a spray bottle of cleaning solution was left out on top of a washing machine. According to Ms. Schiebel, on 11/05 Gillian Cupp, a Registered Nurse with Kalamazoo County Community Mental Health and Substance Abuse Services, was at the facility visiting residents. During her visit, Ms. Cupp observed Resident A pick

up the spray bottle of unsecured cleaning solution, take it into the bathroom, spray cleaning solution and then sniff it. According to Ms. Cupp, no facility staff members observed this incident occur. Ms. Cupp immediately notified direct care worker (DCW) Arrion Hill who removed the cleaning solution from Resident A. Ms. Schiebel stated that it was her understanding that due to Ms. Cupp's immediate response, Resident A experienced no adverse reactions to his exposure to the cleaning solution. However, according to Poison Control, exposure to the cleaning solution could have caused redness to Resident A's eyes, eye pain and possible eye damage. If inhaled, the cleaning solution could have caused Resident A respiratory issues, such as sneezing, coughing and difficulty breathing.

On 12/04, I conducted an investigation at the facility and interviewed Assistant Program Manager Carla Beltran and Administrator David Stedman. Ms. Beltran stated that she was not working at the facility on 11/05. However, she was made aware of the incident. Ms. Beltran confirmed that all cleaning solutions were kept in a locked cabinet which was located under the facility's kitchen sink. Ms. Beltran stated that she was not aware that the lock on this cabinet was broken. Mr. Stedman stated that he was not present at the facility when this incident occurred. According to Mr. Stedman, before being notified of the incident, DCW Ky Edmonds, who also worked at the facility at the time of the incident, told Mr. Stedman that Resident A volunteered to help DCWs clean the facility. Mr. Stedman stated that on 11/06 he received a telephone call from Ms. Schiebel, who notified him of the allegation. Mr. Stedman stated that Ms. Schiebel asked him not to speak with Ms. Hill and/or Ms. Edmonds regarding the allegation, until Ms. Schiebel had completed her investigation. Mr. Stedman stated that while he never interviewed neither Ms. Hill or Ms. Edmonds regarding the allegation, both Ms. Hill and Ms. Edmonds' employment was eventually terminated. Mr. Stedman stated that there were several other performance concerns, in addition to this incident, that lead to the decision to terminate Ms. Hill and Ms. Edmonds' employment. Mr. Stedman confirmed that the lock on the cabinet under the kitchen sink, where all cleaning solutions were housed, was broken. Therefore, at the time of the incident, all cleaning solutions were being kept in a locked cabinet in the facility's laundry room. Mr. Stedman stated that if Resident A was assisting DCWs with cleaning the facility on 11/05, Resident A should had been supervised by DCWs while doing so. However, Mr. Stedman stated, "it sounds like the cleaning solution was left out." Both Ms. Beltran and Mr. Stedman confirmed that Resident A experienced no adverse reactions to his exposure to cleaning solution on 11/05.

<b>APPLICABLE RULE</b>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<b>(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation areas.</b>
<b>ANALYSIS:</b>	Based upon my investigation, which included interviews with RRO Michele Schiebel, Assistant Program Manager Carla Beltran and Administrator David Stedman, there is enough

	evidence to substantiate the allegation that on 11/05 a spray bottle of cleaning solution was not safeguarded in the facility and was easily accessible to residents. Due to the spray bottle being easily accessible, Resident A took the bottle into the bathroom, sprayed the solution and then sniffed it.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 12/27/2018 I conducted an exit conference with Licensee Designee Scott Schrum, via telephone, and shared with him the findings of this investigation.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable written plan of correction, it is recommended that this license continues on regular status.

*Michele Streeter*

12/27/2018

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Michele Streeter  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

01/02/2019

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Dawn N. Timm  
Area Manager

Date