

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 11, 2020

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

RE: License #: AS390066803

Almena Drive AFC 10280 Almena Drive Kalamazoo, MI 49009

Dear Mr. Schrum:

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 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,

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Eli DeLeon, Licensing Consultant

Bureau of Community and Health Systems 427 East Alcott Kalamazoo, MI 49001 (269) 251-4091

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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/Licensee Designee: Scott Schrum

Administrator: Gloria Smith

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(s):		12/10/2020	
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date of Health Authority Inspection if applicable:		09/08/2020	
Insp	pection Type: ☐ Interview and Observation☐ Combination	on ⊠ Worksheet □ Full Fire Safety	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: 0		4 5	
•	Medication pass / simulated pass observed? Yes $oximes$ No $oximes$ 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 I f no, explain. Meal preparation / service observed? Yes No I f no, explain.		
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.		
•	Fire safety equipment and practices observed? Yes	s ⊠ 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 ☐ 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 determined to be in sub-compliance with the following rules and requirements:

R 400.14103

Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.

(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.

A wheelchair ramp was added to the front entrance of this facility to accommodate a resident that required the use of a wheelchair without notifying the department within 5 business days.

R 400.14509

Means of egress; wheelchairs.

(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

A resident that required the use of a wheelchair was admitted to this facility without 2 approved means of egress from the first floor.

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall

be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The health care appraisal for Resident A was not completed annually.

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.

Resident Funds Part I was not complete with a current administrator or licensee for Resident A, Resident B, Resident C, Resident D or Resident E.

IV. RECOMMENDATION

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

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	12/11/2020	
Eli DeLeon	 Date	
Licensing Consultant		