

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

December 21, 2021

Rebecca Lopez
Residential Opportunities, Inc.
1100 South Rose Street
Kalamazoo. MI 49001

RE: License #: AS390243297

Meadowcroft 3419 Meadowcroft Kalamazoo, MI 49004

Dear Ms. Lopez:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Ondrea Johnson, Licensing Consultant

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Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AS390243297

Licensee Name: Residential Opportunities, Inc.

Licensee Address: 1100 South Rose Street

Kalamazoo, MI 49001

Licensee Telephone #: (269) 343-3731

Licensee Designee: Rebecca Lopez

Administrator: Jennifer Risselmann

Name of Facility: Meadowcroft

Facility Address: 3419 Meadowcroft

Kalamazoo, MI 49004

Facility Telephone #: (269) 373-8705

Original Issuance Date: 03/20/2002

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/20/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A	
Date of Environmental/Health Inspection if applicable: N/A	
Insp	Dection Type: Interview and Observation Worksheet Combination Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role: 0	
•	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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes \boxtimes No \square If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)
•	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

The facility is in non-compliance with the following applicable rules and statutes:

R 400.14204 Direct care staff; qualifications and training.

- (3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:
- (a) Reporting requirements.
- (d) Personal care, supervision, and protection.
- (f) Safety and fire prevention.

FINDINGS: Direct care staff missing documentation to verify training was completed

R 400.14208 Direct care staff and employee records.

- (1)A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

 (f) Varification of reference shocks
- (f) Verification of reference checks.

FINDINGS: Direct care staff missing documentation to verify that reference checks were completed.

A corrective action plan was requested and approved on 12/21/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Ondrea Johnson

Licensing Consultant

Indrea Ophraa

12/21/2021 Date