



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 23, 2022

Jessica Stults  
Residential Options Inc.  
2400 Science Parkway  
Okemos, MI 48864

RE: License #: AM190015000  
**Dewitt Road Home**  
**11262 N Dewitt Road**  
**Dewitt, MI 48820**

Dear Ms. Stults:

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 special certification 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,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

**License #:** AM190015000

**Licensee Name:** Residential Options Inc.

**Licensee Address:** 2400 Science Parkway  
Okemos, MI 48864

**Licensee Telephone #:** (989) 395-3155

**Licensee Designee:** Jessica Stults

**Administrator:** Jessica Stults

**Name of Facility:** Dewitt Road Home

**Facility Address:** 11262 N Dewitt Road  
Dewitt, MI 48820

**Facility Telephone #:** (517) 669-3382

**Original Issuance Date:** 06/22/1993

**Capacity:** 8

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/23/2022

Date of Bureau of Fire Services Inspection if applicable: 11/12/2021

Date of Health Authority Inspection if applicable: 10/26/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 8  
No. of others interviewed 1 Role: compliance manager

- 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:

**R 400.14315            Handling of resident funds and valuables.**

**(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.**

Resident A and Resident B (two of four records reviewed) had more than \$200 cash at the facility.

**R 400.14401            Environmental health.**

**(1) Private water systems shall be in compliance with R 325.10101 et seq. of the Michigan Administrative Code. A bacteriological report confirming water quality shall be required during the initial inspection and every 2 years thereafter. Group homes that use a community approved water system need not be in compliance with this requirement.**

According to a written report from the Mid – Michigan District Health Department dated 10/26/2021 a pressure release valve needs to be installed on the pump near the well and has not been done as of the date of this report.

**R 400.14401            Environmental health.**

**(3) All sewage should be disposed of in a public sewer system or in the absence thereof in a manner that is approved by the health authority.**

According to a written report from the Mid – Michigan District Health Department dated 10/26/2021 the well is located within 75 feet of the current sewer line, which does not meet the minimum requirements for isolation.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification are recommended.



02/23/2022

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Leslie Herrguth  
Licensing Consultant

Date