

GRETCHEN WHITMER GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

April 27, 2022

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

RE: License #: AS390279690

Litchfield

6072 Litchfield

Kalamazoo, MI 49009

#### Dear Mr./Ms. Lopez:

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 a special certification for developmental disabled 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,

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

**License #:** AS390279690

**Licensee Name:** Residential Opportunities, Inc.

**Licensee Address:** 1100 South Rose Street

Kalamazoo, MI 49001

**Licensee Telephone #:** (269) 343-3731

Licensee Designee: Rebecca Lopez

**Administrator:** Anthony Tipken

Name of Facility: Litchfield

Facility Address: 6072 Litchfield

Kalamazoo, MI 49009

**Facility Telephone #:** (269) 343-9728

Original Issuance Date: 12/08/2005

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s	s): 04/26/2022		
Date	e of Bureau of Fire Serv	ices Inspection if applicable	: N/A	
Date	e of Environmental/Heal	Ith Inspection if applicable:(	03/01/2022	
Insp	ection Type:	☐ Interview and Observati☐ Combination	on ⊠ Worksheet □ Full Fire Safety	
No.	of staff interviewed and of residents interviewed of others interviewed		3 5	
•	Medication pass / simu	lated pass observed? Yes [	⊠ No □ If no, explain.	
•	Medication(s) and med	ication 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 $\square$ No $\boxtimes$ If no, explain.  On-site did not take place during a meal time; however, food was observed in the facility.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire safety equipment a	and practices observed? Ye	es 🗵 No 🗌 If no, explain.	
•	E-scores reviewed? (Special Certification Only) Yes No N/A In If no, explain.  Water temperatures checked? Yes No If no, explain.			
•	Incident report follow-up? Yes  No  If no, explain.  There were no incident reports to follow up on.  Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  N/A  Number of excluded employees followed-up? 1 N/A			
•		<u> </u>	_	
•	Variances? Yes ∐ (pl	ease explain) No 🔲 N/A ▷		

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

**FINDING:** Resident A's bedroom walls had a large section near her bedroom windows that spanned the entire floor to the ceiling and was approximately four feet wide where she had peeled the paint exposing both the compound used to finish the drywall and the drywall itself; therefore, causing the walls to be in disrepair. The facility's living room walls were observed in the same disrepair with a floor to ceiling section and approximately four to five feet wide near the facility television that was missing paint and exposing drywall/drywall compound. The facility's Administrator, Mr. Tipken, indicated Resident A can become fixated on peeling paint and drywall. He indicated areas in disrepair had been repainted; however, Resident A continues to peel the paint and drywall off the wall.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

**FINDING:** The sliding door off the back of the facility, which is also an exit in the event of a fire, was locking against egress. The hardware on the door had a latch at the top of the handle, which staff or residents would have to rotate to unlock before pushing the handle of the sliding door to the left to open.

The rules do not prohibit the use of exterior sliding glass doors as a means of egress; however, the latching/locking mechanism must be simple and easily released and installed by manufacturer or in a similar manner. The door may not be secured by wedges, charlie bars, key locking mechanisms, dead bolts, etc.

Additionally, the sliding door was difficult to open indicating an issue with the rollers or track.

### IV. RECOMMENDATION

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

Carry Cushman	ian		
0	04/27/2022		
Cathy Cushman Licensing Consultant		Date	