

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 18, 2022

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

RE: License #: AS390276090

Lands End 5100 Lands End

Kalamazoo, MI 49009

Dear 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 special certification for the developmentally disabled and mentally ill, 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 #: AS390276090

Licensee Name: Residential Opportunities, Inc.

Licensee Address: 1100 South Rose Street

Kalamazoo, MI 49001

Licensee Telephone #: (269) 343-3731

Licensee Designee: Rebecca Lopez

Administrator: Quenisha Dugas

Name of Facility: Lands End

Facility Address: 5100 Lands End

Kalamazoo, MI 49009

Facility Telephone #: (269) 343-9723

Original Issuance Date: 07/13/2005

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

	e of On-site Inspections: 05/17/2022; employee files were reviewed at the main e on 04/26/2022
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: 04/04/2022
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:
•	Medication pass / simulated pass observed? Yes \boxtimes No \square 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 \square No \boxtimes If no, explain. On-site inspection 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 and practices observed? Yes \boxtimes No \square If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes No N/A In It 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? 1 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 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

FINDING: Upon review of the facility's staff files, two direct care staff, Shae Turner and Corlis Watkins-Nass, did not have current TB tests. According to their files, Shae Turner's last TB test was completed on 12/12/2018 and Corlis Watkins-Nass' last TB test was completed on 12/20/2018.

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: Upon review of the facility's staff files, direct care staff, Shae Turner's, last annual health care review took place on 09/16/2020.

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: An approximate 1 foot by 1 foot section of flooring in the facility's dining room was observed to be missing making this section of flooring in disrepair.

R 400.14509 Means of egress; wheelchairs.

(2) The slope of ramp shall not be more than 1 foot of rise in 12 feet of run and shall terminate on a firm surface or solid unobstructed ground which will allow the wheelchair occupant to move a safe distance away from the building. Ramps shall have handrails on the open sides and be constructed in accordance with the requirements specified in Section 816.0 of the BOCA National Building Code, 1990, eleventh edition.

FINDING: The ramps on the front and back of the facility were not terminating on solid unobstructed ground. Both ramps were terminating on brick paths; however, the brick paths were uneven and at different heights. Additionally, the front brick path had a large bush growing over it. Both ramps did not terminate to the brick paths smoothly as the last boards on the ramps left an approximate ½ inch lip to the brick path, making it difficult for someone in a wheelchair to be propelled onto the ramp and into the facility or causing concern if the person was exiting the facility.

R 400.14510 Heating equipment generally.

(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.

FINDING: The facility's dryer vent was not vented with a metal duct, as required.

IV. RECOMMENDATION

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

05/18/2022

Cathy Cushman Licensing Consultant

Carry Cushman

Date