



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 29, 2024

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. If 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 "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

**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 #:	(517) 374-8066
Licensee Designee:	Jessica Stults
Administrator:	Dominique Miller
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): 01/23/2024

Date of Bureau of Fire Services Inspection if applicable: 10/03/2023

Date of Health Authority Inspection if applicable: 10/16/2023

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 8

No. of others interviewed 0 Role:

- 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.
No Incident Reports to follow-up on.
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
02/23/2022 - R 400.14315 / R 400.14401 (1) / R 400.14401 (3) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☒ (please explain) No ☐ N/A ☐
R 400.14201 (6) / R 400.14208 (1) (e)

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and concurrent special certification.



01/29/2024

Rodney Gill
Licensing Consultant

Date