



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 5, 2024

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

RE: License #: AS390279690
Litchfield
6072 Litchfield
Kalamazoo, MI 49009

Dear Rebecca 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 application, fee and an acceptable corrective plan, a regular license and specialized certification for the developmentally 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive style with a large, looped 'C' at the beginning.

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 of On-site Inspection: 04/04/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 02/14/2024

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] Role: [redacted]

- 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 400.14205 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 employee files, there was no evidence direct care staff, Tatyahna Scott, or the facility's Administrator, Anthony Tipken, were tested for TB within the last three years, as required. Based on my review of employee documentation, Tatyahna Scott and Anthony Tipken were last tested for TB on 02/06/2020 and 08/03/2022, respectively.

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 employee files, there was no verification direct care staff, Tatyahna Scott, had an annual health care review in 2023. Her last annual health review was completed 09/2022. Subsequently, Tatyahna Scott's, health status was not reviewed annually, as required.

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the

reason for the therapeutic support and the term of the authorization.

FINDING: Multiple residents were utilizing assistive devices; however, physician's orders documenting the reason for the therapeutic support and the term of the authorization were not available during the inspection.

Resident A's assistive devices included bedrails and a seatbelt for his wheelchair. Resident B's assistive devices included a wheelchair, Broda chair, and bedrails. Resident D's assistive devices included two sets of half bedrails.

R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**
- (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.**

FINDING: Per the Administrator, Anthony Tipken, Resident C's medications are crushed; however, no physician's order or instructions regarding the adjustment/modification of the medication was available during the inspection.

R 400.14403 Maintenance of premises.

- (2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.**

FINDING: The door to the big bathroom in the facility's hallway was in disrepair. The bottom half of the door had two notable areas in need of repair. The first area was an approximate 2 inch x 2 inch hole and the second area was a 4 inch by 12 inch long scrape and hole near the very bottom of the door.

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: The facility's dining room floor had large sections (several feet in diameter) that were in disrepair showing either the inside of the flooring material or the underlayment.

R 400.14403 Maintenance of premises.

(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.

FINDING: The en-suite bathroom in the resident bedroom had observable water damage on the flooring in the form of a water mark. Subsequently, this bathroom flooring is not constructed or maintained to be reasonably impervious to water, as required.

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 dryer vent was not entirely made of a hard metal vent.

IV. RECOMMENDATION

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



04/05/2024

Cathy Cushman
Licensing Consultant

Date