



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 5, 2024

Jeana Koerber  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: License #: AM390382663  
**Hoard Manor**  
**305 West Cork Street**  
**Kalamazoo, MI 49001**

Dear Jeana Koerber:

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 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 script is cursive and fluid, with the first name "Cathy" and last name "Cushman" clearly legible.

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**

<b>License #:</b>	AM390382663
<b>Licensee Name:</b>	Residential Opportunities, Inc.
<b>Licensee Address:</b>	1100 South Rose Street Kalamazoo, MI 49001
<b>Licensee Telephone #:</b>	(269) 343-3731
<b>Licensee Designee:</b>	Jeana Koerber
<b>Administrator:</b>	Allen Giese
<b>Name of Facility:</b>	Hoard Manor
<b>Facility Address:</b>	305 West Cork Street Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 343-9726
<b>Original Issuance Date:</b>	01/25/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection: 07/05/2024

Date of Bureau of Fire Services Inspection if applicable: 03/28/2024

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 9

No. of others interviewed N/A 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.  
Inspection did not take place during a meal time; however, an abundance of food was observed in the facility.
- 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 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.**

**FINDING:** Multiple assessment plans were not signed and dated by the resident, the resident's designated representative, the responsible agency, if applicable, or the licensee.

Signatures of the licensee, resident and/or resident's representative and responsible agency, demonstrate all required persons have participated in the development of the written assessment plan.

Resident A's and Resident B's assessment plans were completed in January 2024 and November 2023, respectively; however, neither assessment included any signatures. Resident C's assessment plan was dated June 2023; subsequently, it was not updated annually, as required.

**R 400.14306      Use of assistive devices.**

**(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.**

**FINDING:** Assistive devices present in the facility for specific residents were not in the resident's respective assessment plans.

Resident B was observed with bed rails on her hospital bed; however, in her last completed assessment plan, dated November 2023, it documented Resident B didn't require the use of bed rails.

Resident C's bed was also observed with bed rails; however, her assessment plan did not document the need for bed rails.

**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:** Physician's orders were not available for multiple resident's assistive devices such as Resident B's and Resident C's bed rails.

**R 400.14403            Maintenance of premises.**

**(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

**FINDING:** An extension cord was observed in Resident D's bedroom, which was connected to an on/off adaptor switch, and a set of lights. Extension cords are prohibited.

**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:** Multiple floors throughout the facility were in disrepair, including the living room, the kitchen, and Resident E's bedroom. The facility's living room had numerous scratches in the linoleum and an approximate 8 inch square section under the dining room table where the top part of the linoleum worn away.

The flooring in front of the kitchen sink was soft and squishy indicating water damage. An approximate 2 inch square section in front of the sink also had worn away linoleum.

Resident E's bedroom had approximately two separate square foot sections in front of Resident E's TV where the top part of the linoleum worn away.

#### IV. RECOMMENDATION

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



07/05/2024

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Cathy Cushman  
Licensing Consultant

Date