



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 30, 2024

Roland Awolope
3916 Oakland Dr.
Kalamazoo, MI 49008

RE: License #: AS390402971
Greater Heights Adult Foster Care
3916 Oakland Drive
Kalamazoo, MI 49008

Dear Roland Awolope:

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 mentally ill and 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

License #:	AS390402971
Licensee Name:	Roland Awolope
Licensee Address:	3916 Oakland Dr. Kalamazoo, MI 49008
Licensee Telephone #:	(269) 873-4532
Licensee Designee:	N/A
Administrator:	Roland Awolope
Name of Facility:	Greater Heights Adult Foster Care
Facility Address:	3916 Oakland Drive Kalamazoo, MI 49008
Facility Telephone #:	(269) 873-4532
Original Issuance Date:	07/10/2020
Capacity:	5
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 12/30/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 5
No. of others interviewed 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.
A meal service wasn't observed due to time of inspection; however, 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 ☐
Variance to R 400.14408 remains in effect for one resident bedroom. A resident and/or their designated representative must sign a document indicating they understand the configuration of the room, with the window being in the bathroom rather than sleeping room, prior to the admission of the resident into the room.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

FINDING: There was no annual inspection of the facility's smoke alarms, as required.

REPEAT VIOLATION

SEE 2023 RENEWAL LSR, DATED 12/08/2022, CAP DATED 12/16/2022

R 330.1803 Facility environment; fire safety.

(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

FINDING: Fire drills were not completed during the daytime, evening and sleeping hours for the 1st, 2nd or 3rd quarter of 2024, as required.

REPEAT VIOLATION

SEE 2023 RENEWAL LSR, DATED 12/08/2022, CAP DATED 12/16/2022

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: Window trim was missing around the window in a resident bedroom.

R 400.14403 Maintenance of premises.

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

FINDING: The facility's doors were observably dirty.

Excessive storage (i.e. cardboard boxes, refuse, etc.) and clutter were observed in the back living space of the facility. Excessive storage and clutter were also observed in the facility's laundry room.

Blinds in the laundry room were broken and in disrepair.

R 400.14403 Maintenance of premises.

(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.

FINDING: The area near the facility's medication cart was dimly lit making it difficult to see resident medications or read the Medication Administration Records (MARs).

REPEAT VIOLATION

SEE 2023 RENEWAL LSR, DATED 12/08/2022, CAP DATED 12/16/2022

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: Walls throughout the facility were observably dirty and/or in need of repair/repainting. The bathroom off the living room had walls that were recently been repaired; however, they had not been painted yet. Additionally, the area behind the toilet in this bathroom had cracked and peeling paint. This area also appeared to be damaged by water.

The walls in the dining room were scuffed and dirty.

R 400.14405 Living space.

(8) A home shall have dining space that can accommodate all residents of the home at the same time.

FINDING: Only four dining room chairs were available for residents; despite there being five residents in the facility.

R 400.14408 Bedrooms generally.

(5) Traffic to and from any room shall not be through a resident bedroom.

FINDING: One of the resident's bedrooms has an en-suite bathroom. During the renewal inspection, a staff member was using this bathroom rather than the common area bathroom off the living room.

R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

(b) Lighting that is sufficient for reading and other resident activities.

FINDING: The light in bedroom #1 was not functioning.

R 400.14510 Heating equipment generally.

(5) Portable heating units shall not be permitted.

FINDING: A portable heating unit was observed in a resident bedroom. This heating unit was removed by the licensee during the inspection.

R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be

enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

FINDING: The facility's furnace and hot water heater was not entirely enclosed in a room constructed of drywall (or similar 1 hour fire resistance material). The ceiling was sagging, and a wall had exposed insulation.

Partitions and ceilings must be tightly fitted around doors, pipes, ducts, etc., and all joints sealed to be fire and smoke tight.

R 400.14511 **Flame-producing equipment; enclosures.**

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

FINDING: There was storage in the facility's furnace and hot water heater room including plastic toes, cardboard boxes, and paint. All combustibles need to be removed from this room.

IV. RECOMMENDATION

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



12/30/2024

Cathy Cushman
Licensing Consultant

Date