



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 7, 2025

Timothy Van Dyk
Residential Opportunities, Inc.
1100 South Rose Street
Kalamazoo, MI 49001

RE: License #: AM390382558
Wisner House
2208 East Cork Street
Kalamazoo, MI 49001

Dear Tim Van Dyk:

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 populations, 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 fluid and cursive, 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 #:	AM390382558
Licensee Name:	Residential Opportunities, Inc.
Licensee Address:	1100 South Rose Street Kalamazoo, MI 49001
Licensee Telephone #:	(269) 343-3731
Licensee Designee:	Timothy Van Dyk
Administrator:	Diane Fidler
Name of Facility:	Wisner House
Facility Address:	2208 East Cork Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 381-1455
Original Issuance Date:	10/15/2018
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/06/2025

Date of Bureau of Fire Services Inspection if applicable: 09/03/2024

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

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 11
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.
Onsite inspection did not take place during a meal time; 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 ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

MCL 400.734b **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: Direct care staff, Anthony Williams, did not have fingerprints completed through the Workforce Background Check deeming him eligible to work in the facility. Administrator, Diane Fidler, stated during the facility's inspection on 03/06/2025 that Anthony Williams obtained fingerprints the end of February 2025.

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: Neither direct care staff, Anthony Williams nor Ka'Sheyah Lee, had verification of TB tests within the last three years, as required. TB test results in Anthony Williams' and Ka'Sheyah Lee's employee files were dated 09/15/2021 and 11/04/2020, respectively. Administrator, Diane Fidler, stated during the facility's inspection on 03/06/2025 both Anthony Williams and Ka'Sheyah Lee had TB tests completed the end of February 2025.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDING: The most current Health Care Appraisal (HCA) in Resident A's and Resident B's resident records were dated 11/02/2023 and 01/31/2024, respectively. Consequently, these HCAs was not completed on an annual basis, as required.

Resident C's HCA, dated 05/07/2024, was not signed by a physician; therefore, it was not fully completed, as required.

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: The licensee's current assessment plans for Resident A, Resident B, and Resident C were not signed by the resident and/or resident's designated representative, responsible agency, if applicable, or licensee, as required.

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. If the responsible agency refuses to sign the resident's written assessment plan, this should be noted on the assessment plan.

R 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

FINDING: Resident B's resident record had no available Resident Care Agreement (RCA) for review, as required.

R 400.14402 **Food service.**

(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters

shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.

FINDING: The laminate kitchen countertops needed repair as the edges and seams had exposed particleboard/pressed board or appeared worn. This exposed material can absorb moisture and be damaged by water and/or high humidity.

REPEAT VIOLATION ESTABLISHED

SEE 2023 Renewal LSR, dated 02/22/2023, CAP, dated 03/06/2023

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: Bathroom mirrors throughout the facility had black edges indicating they were desilvering, which can be caused by excessive moisture.

Door trim throughout the facility was also in disrepair and in need of repair/replacement.

The Administrator and direct care staff were unable to access the facility's sprinkler room due to it being locked with no one having a key to enter the room.

The mechanical vent in Resident E's bathroom was not functioning properly.

REPEAT VIOLATION ESTABLISHED

SEE 2023 Renewal LSR, dated 02/22/2023, CAP, dated 03/06/2023

R 400.14403 Maintenance of premises.

(10) Scatter or throw rugs on hard finished floors shall have a nonskid backing.

FINDING: The bathroom rugs in Resident A's bathroom weren't nonskid, as required.

R 400.14403 Maintenance of premises.

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

FINDING: The couches in the living room were worn and in need of repair or replacement.

The seat of Resident G's recliner chair was torn and damaged and in need of repair or replacement.

REPEAT VIOLATION ESTABLISHED

SEE 2023 Renewal LSR, dated 02/22/2023, CAP, dated 03/06/2023

R 400.14403 Maintenance of premises.

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

FINDING: Resident F's bedroom was dimly lit with the blinds closed.

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: Resident H's bathroom walls needed being patched and painted as there were holes in them.

The hallway walls where the facility's mop closet is located were unclean and marked up.

REPEAT VIOLATION ESTABLISHED

SEE 2023 Renewal LSR, dated 02/22/2023, CAP, dated 03/06/2023

R 400.14411 Linens,

(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.

FINDING: Resident D's mattress cover did not appear in good condition as it was significantly stained.

IV. RECOMMENDATION

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



03/07/2025

Cathy Cushman
Licensing Consultant

Date