



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 19, 2025

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

RE: License #: AM390382556
E & F Douglas Group Living
1428 N. 30th Street
Galesburg, MI 49053

Dear Timothy 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 and mentally ill 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) 335-5985.

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 distinguishable.

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 #:	AM390382556
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:	Vicki Richardson
Name of Facility:	E & F Douglas Group Living
Facility Address:	1428 N. 30th Street Galesburg, MI 49053
Facility Telephone #:	(269) 343-9720
Original Issuance Date:	03/25/2019
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 08/18/2025

Date of Bureau of Fire Services Inspection: 07/07/2025

Date of Health Authority Inspection: 06/18/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Administrator

- 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 occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 the licensee's employee files, there was no verification direct care staff, Linda Jones, had been tested for tuberculosis since 2015, which is not every three years as required.

R 400.14208 **Direct care staff and employee records.**

(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:

- (a) Names of all staff on duty and those volunteers who are under the direction of the licensee.**
- (b) Job titles.**
- (c) Hours or shifts worked.**
- (d) Date of schedule.**
- (e) Any scheduling changes.**

FINDING: The facility's staff schedule did not include the date of the schedule or job titles, as required.

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: Resident A, B, and C did not have *Health Care Appraisals (HCAs)* completed annually, as required. It should be noted that after visit summaries, which were being used in lieu of HCAs, do not constitute a *Health Care Appraisal*.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, *which shall be labeled for the specified resident* in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDING: Resident A and Resident D both had medications in the medication cart that were taken out of their original pharmacy supplied containers and placed in their respective medication baskets; however, the medications were not labeled for each specific resident, as required.

During the inspection, direct care staff and Administrator, Vicki Richardson, began labeling medications that were taken out of their original pharmacy supplied containers or medications that had not been labeled for that specific resident.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDING: The water from Resident H's bathroom faucet was registering at 130 degrees Fahrenheit.

REPEAT VIOLATION ESTABLISHED

SEE 2023 Renewal LSR, dated 08/31/2023, CAP, dated 09/22/2023

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: I observed an extension cord in Resident I's bedroom. During the inspection, staff removed the extension cord and replaced it with a power strip.

Resident A's and Resident E's bathroom fan was not functioning.

The fan in the half bathroom on the main floor was also not functioning.

The outlet cover in the hallway upon entering the facility was broken at the top.

REPEAT VIOLATION ESTABLISHED

SEE 2023 Renewal LSR, dated 08/31/2023, CAP, dated 09/22/2023

R 400.14403 Maintenance of premises.

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

FINDING: Bathroom mirrors throughout the facility had black edges and spots indicating the reflective backing was broken down and the mirrors were desilvering, which could be caused by age, moisture, or cleaning.

Resident A's and Resident E's bathroom cabinets were in disrepair and appeared to be falling apart.

The door in Resident F's and Resident G's bathroom was in poor condition, worn and in need of repair and/or replacement.

The countertop in the main level half bathroom was in disrepair. There were observable gaps between the sections of laminate countertop and backsplash making it prone to water damage. Additionally, a piece of laminate was missing on the front countertop. The cabinet had missing sections of laminate on the doors.

R 400.14403 Maintenance of premises.

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

FINDING: The facility's front stairwell to the second story was dimly lit.

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 carpeting in the living room needed repair as there were multiple sections with duct tape on it. Additionally, there were several sections with observable stains.

Resident A's and Resident E's bathroom ceiling was in disrepair. Rust was observed throughout the drop ceilings suspended grid system.

Resident F's and Resident G's ceiling and floor in the toilet and shower area of the bathroom were in disrepair. Rust was observed on the drop ceiling's suspended grid system and the floor appeared to be stained/discolored, possibly from water damage.

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 room on the main level, located within the medication room, did not have a door made of 1 3/4-inch solid core wood or equivalent and hung in a fully stopped wood or steel frame. Additionally, the door was not equipped with an automatic self-closing device

IV. RECOMMENDATION

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



08/19/2025

Cathy Cushman
Licensing Consultant

Date