



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 16, 2026

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

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

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 population 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 signature is written in a cursive, flowing style.

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 #:	AM390382663
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:	Timothy Van Dyk
Name of Facility:	Hoard Manor
Facility Address:	305 West Cork Street Kalamazoo, MI 49001
Facility Telephone #:	(269) 343-9726
Original Issuance Date:	01/25/2018
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 06/16/2026

Date of Bureau of Fire Services Inspection if applicable: 06/10/2026

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

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 2 Role: Program Management

- 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? 4 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 400.619 Emergency preparedness plan.

(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

FINDING: The fire safety plan was not practiced at least once a quarter during each shift for 2025 and 2026, as required.

R 400.647 Safety and maintenance of premises.

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

FINDING: The bathroom connected to Resident A's bedroom had significant black edges around the mirrors indicating the mirrors were not maintained in good repair and were desilvering. Additionally, the bathroom vanity cabinet had damaged and deteriorated drawer and cabinet fronts, including missing surface material and exposed substrate.

**REPEAT VIOLATION ESTABLISHED
[SEE RENEWAL LSR, DATED 07/05/2024, CAP DATED 07/18/2024]**

R 400.647 Safety and maintenance of premises.

(4) Roofs, exterior walls, doors, skylights, and windows must be weathertight and watertight and maintained in good repair.

FINDING: Resident B's closet door was damaged and not maintained in good repair.

Resident C had a damaged door in his bedroom that was not in good repair.

R 400.647 Safety and maintenance of premises.

(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

FINDING: The bathroom connected to Resident A's bedroom had damaged and unclean walls and door trim with damaged finishes. The bathroom ceiling tiles had extensive staining and deterioration in multiple areas.

Resident B's bedroom floor had an approximate 2 inch area of surface damage where the finish layer was worn or missing.

Resident C's wall area near a door was chipped and damaged exposing the underlying surface.

The dining room floor was damaged, gouged, and in disrepair in multiple areas near the dining room tables.

The wheelchair accessible shower near Resident D's bedroom had damaged walls near the toilet paper holder and on a corner near the floor.

REPEAT VIOLATION ESTABLISHED

[SEE RENEWAL LSR, DATED 07/05/2024, CAP DATED 07/18/2024]

R 400.647 Safety and maintenance of premises.

(9) Stairways with more than 1 step must have sturdy and securely fastened handrails. Handrails must be 30 to 34 inches above the upper surface of the tread.

FINDING: The exterior stairway at the back of the facility was not equipped with a handrail.

R 400.665 Food service.

(7) When food is removed from its original packaging and stored, it must be clearly labeled to identify the prepared or opened date and an expiration or discard date. The discard date must be no more than 7 days on all perishable foods that are opened or if food is prepared and held at safe storage temperatures. The day of opening or day of preparation must be counted as day 1. If there are signs of spoilage, food must be discarded immediately. If any residents of the home have known food allergies, the label must also indicate that this food contains the food or ingredient that the resident is allergic to.

FINDING: Leftovers in the refrigerator were observed with no discard date.

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, 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: Resident prescription medications were modified by administering them in applesauce without documented instructions from an authorized medical professional.

The facility's prospective Administrator, Allisha Fadel, stated that work orders had been submitted to address the damaged doors, walls, floors, bathroom mirrors, and bathroom vanity.

IV. RECOMMENDATION

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



06/16/2026

Cathy Cushman
Licensing Consultant

Date