



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

January 16, 2008

Scott Schrum  
Residential Opportunities, Inc.  
1100 South Rose Street  
Kalamazoo, MI 49001

RE: Application #: AS390293416  
D Avenue  
2951 East D Avenue  
Kalamazoo, MI 49004

Dear Mr. Schrum:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (269) 337-5066.

Sincerely,

Monte Bender, Licensing Consultant  
Bureau of Children and Adult Licensing  
322 E. Stockbridge Avenue  
Kalamazoo, MI 49001  
(269) 337-5285

Enclosure.

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS390293416

**Applicant Name:** Residential Opportunities, Inc.

**Applicant Address:** 1100 South Rose Street  
Kalamazoo, MI 49001

**Applicant Telephone #:** (269) 343-3731

**Administrator/Licensee Designee:** Scott Schrum, Designee

**Name of Facility:** D Avenue

**Facility Address:** 2951 East D Avenue  
Kalamazoo, MI 49004

**Facility Telephone #:** (269) 488-3933

**Application Date:** 10/26/2007

**Capacity:** 6

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

Directions to the facility –

From the DHS office travel north on Riverview Drive through Parchment to D Avenue; turn left onto D Avenue; the facility is a short distance on the right. (It looks like a duplex.)

## II. METHODOLOGY

09/25/2007	Contact - Document Received Medical clearances for Scott & Jennifer
10/26/2007	Enrollment
10/30/2007	Inspection Report Requested - Health 1013278
10/30/2007	Lic. Unit file referred for criminal history review Jennifer DeWaele - Self Confessed
11/13/2007	Inspection Completed-Env. Health : A
11/16/2007	Lic. Unit received criminal history file from review NS reviewed - Jennifer
11/19/2007	Application Incomplete Letter Sent Waiting for Environmental Health Report
11/19/2007	File Transferred To Field Office Kalamazoo
11/26/2007	Comment File received & assigned to 010459.
11/26/2007	Contact - Document Sent Ltr. of Intro.
12/05/2007	Inspection Completed On-site
12/05/2007	Inspection Completed-BFS Sub. Compliance
01/15/2008	Final Inspection conducted

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

- Property Ownership – The facility is being leased to Residential Opportunities, Inc. by Kalamazoo County Community Mental Health and Substance Abuse Services. The file contains a copy of the lease agreement for reference.
- Description of the Structure – The facility is a wood framed structure located in a country setting. It was originally built as a duplex home. It is a one-story ranch style home with a full basement on each side of the facility. The basement is

divided in half by a concrete wall, achieving full separation of the two sides. The main floor is laid out as a duplex, with one side the exact replica of the other, an east side and a west side with one single door separating the two. On the East side is a kitchen, dining/living room area, a laundry room off the kitchen, a full barrier free bathroom and three bedrooms. There is also a ½ bath next to the laundry room and near the entryway. There is a stairway leading to the basement. The east side basement is intended for staff use as office space and storage. No residents are intended to use this basement.

The west side living area and basement is an exact replica of the east side. There is a full kitchen on this side, as there is on the east side. There is a dining/living room, a laundry room, and ½ bath next to the laundry room and near the west entry. There is a full barrier free bathroom and three bedrooms as well. The basement contains a natural gas fired furnace and hot water heater, as does the east basement. There are future plans to finish the basement as a recreational area for the residents, but at the time of the license issuance, there is no second basement stairs leading directly to the outside, nor are the furnace and hot water heater enclosed in a one-hour fire protected room.

- Square Footage of Bedrooms and Living Space –

East Bedroom (south) #1	(09' 05" x 12' 01")	= 113 sq. ft.
East Bedroom (north) #2	(11' 00" x 09' 05")	= 103 sq. ft.
East Bedroom #3	(11' 02" x 09' 02")	= 102 sq. ft.
East Living Room	(15' 11" x 12' 04")	= 196 sq. ft.
West Living Room	(12' 04" x 15' 11")	= 196 sq. ft.
West Bedroom (south) #1	(09' 05" x 12' 01")	= 113 sq. ft.
West Bedroom (north) #2	(11' 00" x 09' 05")	= 103 sq. ft.
West Bedroom #3	(09' 02" x 11' 01")	= 101 sq. ft.

- Sanitation – The facility is equipped with a private well and private septic system. City water and sewage treatment are not available. The facility was inspected by the Kalamazoo County Environmental Health Department on November 13, 2007. The facility received an “A” rating, indicating substantial compliance.
- Fire Safety – I have inspected the facility on two occasions. The facility is equipped with two furnaces and two hot water heaters, one set for the east side of the facility and one for the west side. There are also two means of exiting the facility from the main living area for each side. One exit for each side is out the street side (south side). The second set of exits are off the respective dining/living areas (the north side) leading to the backyard. The home is equipped with interconnected smoke alarm system and powered by the home’s electrical system, with a battery back-up system in place. Fire extinguishers are located on each side of the main floor and in the basement on each side.

Emergency procedures, including emergency exit procedures, are posted as well. There is a furnace and hot water heater, natural gas fired, located at each side of the facility in the basement. The door to each basement area is a solid wood core door, fully stopped, equipped with automatic closure and non-locking-against-egress hardware. The facility is equipped with ramps at the front and back of the facility. The facility is in substantial compliance with small group home fire safety rules.

## **B. Program Description**

### Administrative Structure.

- Description of the Organizational Structure – The licensee is Residential Opportunities, Inc. and the designated person for all licensing matters has been identified as Scott Schrum, Executive Director (licensee designee). Mr. Schrum has identified Douglas King as the person to act on behalf of the licensee designee in his absence. The Administrator is designated. That letter of designation is contained in the licensing file.
- Good Moral Character – The file contains criminal history background clearances for the licensee designee and for the designated administrator. Substantial compliance is achieved.
- Financial Stability and Capability – The licensee designee has several years of experience in leading Residential Opportunities, Inc. to financial stability. Financial documents are on file and meet licensing requirements. Substantial compliance is achieved.
- Disclosure of Ownership Interest – A letter is on file issued by Kalamazoo County Community Mental Health and Substance Abuse Services (KCMHSAS) indicating that KCMHSAS owns the property and is leasing the facility to Residential Opportunities, Inc. (ROI) with the knowledge and approval that ROI will operate an adult foster care facility at the site.

### Qualifications and Competencies.

- Training – Both the licensee designee and the identified administrator have provided documentation of their respective training backgrounds. Substantial compliance is achieved.
- Health – Both the licensee designee and the identified administrator have provided documentation of medical clearances conducted within the six months prior to the issuance of the license. TB test results are also contained in the licensing file. Substantial compliance is achieved.

## Program Information.

- Admission/Discharge – The licensee has filed a program statement, an admissions policy and discharge policy with the department. The provider prefers to care for adults with the following conditions: Mentally Ill, Developmentally Disabled, Aged, Physically Handicapped and Traumatologically Brain Injured. The facility is handicapped accessible. Smokers will be accepted with the agreement that they follow the facility's smoking policy. Temporary care is available as long as the 6 licensed beds are not filled. Both private pay and SSI recipients are accepted. Discharge criteria are established and are in substantial compliance with administrative rules.
- Staffing Pattern – The facility offers 24-hour awake supervision. There is a minimum of 3 staff to 6 resident ratio present during all shifts when residents are awake, and 1 awake staff is present during the overnight shift. The licensee has indicated that the ratios are lessened or increased as the needs of the individuals change, improve, or regress, or as the number of residents in the home changes.
- Transportation – The facility will provide transportation for residents to local appointments and day programming within Kalamazoo County. County wide public transportation is also available to residents for a fee.
- Recreation – Opportunities for learning, teaching, community integration, socialization, and peer and relationship building are offered consistent with the needs and desires of the individual and /or the wishes of the guardian and/or support team.

## Facility and Employee Records.

- Facility Records – A review of the application and supporting documents, such as the Admission/Discharge Policy, Refund Policy, Program Statement, Standard and Routine Procedures, and Emergency Preparedness Plans indicate substantial compliance with the applicable rules.
- Staff Records – There were no staff and, therefore, no staff records to review. The staff records will be inspected at the time of the renewal inspection. The licensee has considerable knowledge and experience with staff record requirements.
- Resident Records – There were no residents at the time of license issuance. The resident records will be inspected at the time of the renewal inspection. The licensee has considerable knowledge and experience with resident record requirements.

**C. Rule/Statutory Violations**

None.

**IV. RECOMMENDATION**

I recommend issuance of a temporary adult small group home license, with a maximum capacity of 6 residents.

*Monte Bender*

January 16, 2008

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Monte Bender  
Licensing Consultant

Date

Approved By:

*Gregory V. Corrigan*

January 16, 2008

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Gregory V. Corrigan  
Area Manager

Date