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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 15, 2021

Donna McBride
Spectrum Community Services
Suite 700
185 E. Main St
Benton Harbor, MI 49022

RE: License #: AS820315575
Investigation #: 2021A0782018
Freedom Residence

Dear Mrs. McBride:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Andrea L. Green". The signature is written in a cursive style with a large initial 'A'.

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS820315575
Investigation #:	2021A0782018
Complaint Receipt Date:	04/20/2021
Investigation Initiation Date:	04/21/2021
Report Due Date:	06/19/2021
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(269) 927-3472
Administrator:	Donna McBride
Licensee Designee:	Donna McBride
Name of Facility:	Freedom Residence
Facility Address:	15980 Oak Drive Livonia, MI 48154-3448
Facility Telephone #:	(734) 458-8729
Original Issuance Date:	05/23/2012
License Status:	REGULAR
Effective Date:	12/05/2020
Expiration Date:	12/04/2022
Capacity:	5

Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
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II. ALLEGATION(S)

	Violation Established?
The complainant reported that on 4/19/2021, Resident A did not have 1:1 staffing as required in his assessment plan.	Yes

III. METHODOLOGY

04/20/2021	Special Investigation Intake 2021A0782018
04/20/2021	Contact – Document received. APS complaint received.
04/21/2021	Special Investigation Initiated - Telephone Telephone call to licensee designee. Message left.
04/21/2021	Contact - Telephone call made Telephone call to complainant.
04/21/2021	Contact - Telephone call made Telephone call to behavioral therapist Breana Martis.
06/22/2021	Contact - Telephone call made Telephone call to licensee designee Donna McBride.
06/25/2021	Exit Conference Exit conference call with licensee designee Donna McBride.

ALLEGATION:

The complainant reported that on 4/19/2021 Resident A did not have 1:1 staffing as required in his assessment plan.

INVESTIGATION:

No onsite due to Covid 19

I interviewed the complainant by telephone on 4/21/2021. The complainant stated that she was told this information by Resident A's behavioral therapist, Breana Martis. The complainant stated that Ms. Martis stated that when she arrived at the home there was only one staff there with six residents. The complainant reported that Resident A is supposed to have 1:1 staffing per his assessment plan. The complainant provided me with the telephone number for Ms. Martis.

I interviewed Resident A's behavioral therapist Breana Martis by telephone on 4/21/2021. Ms. Martis reported that Resident A had just gotten off the bus at the home when she also arrived. Ms. Martis stated that the staff, Calvin who is Resident A's 1:1 staff was at the home, but the home manager, Lawrence was not at the home leaving Calvin to supervise all the residents in the home. Ms. Martis stated that Resident A started acting out aggressively and there was no other staff there to assist Calvin. Ms. Martis stated that she texted the home manager Lawrence and he arrived at the home about 30 minutes later. Ms. Martis stated that Resident A has a history of acting out aggressive behaviors which is why his assessment plan states that he have 1:1 staffing.

I interviewed the licensee designee, Donna McBride, by telephone on 6/25/2021. Ms. McBride acknowledged that Resident A is supposed to have 1:1 staffing during the day time hours. Ms. McBride acknowledged that the home manager Lawrence should have been at the home when Resident A arrived from his program. Ms. McBride stated that even though the home manager was only gone from the home for a brief period of time after Resident A arrived he should have been there before Resident A arrived per Resident A assessment plan. Ms. McBride stated that she will address this with Lawrence to ensure that there is always adequate staff in the home.

I conducted an Exit conference call with the licensee designee Donna McBride on 6/25/2021.

APPLICABLE RULE	
R 400.14206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and

	protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Resident A's behavior therapist, Breana Martis, reported that she is a direct witness that Resident A did not have 1:1 staffing on 4/19/2021 for over 30 minutes. The licensee designee, Donna McBride, acknowledged that Resident A's assessment plan indicates that he is to have 1:1 staffing during daytime hours and that there was only on staff at the home briefly on 4/19/21 therefore violation of this rule is established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective plan I recommend that the status of the license remains unchanged.

Andrea L. Green

7/12/2021

Andrea Green
Licensing Consultant

Date

Approved By:

A. Hunter

7/15/2021

Ardra Hunter
Area Manager

Date