



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 29, 2021

Delissa Payne
Spectrum Community Services
Suite 700
185 E. Main St
Benton Harbor, MI 49022

RE: License #: AS410338054
Skyway Home
5626 Skyway Dr.
Comstock Park, MI 49321

Dear Mrs. Payne:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Grant Sutton".

Grant Sutton, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4437

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AS410338054

Licensee Name: Spectrum Community Services

Licensee Address: 28303 Joy Rd.
Westland, MI 48185

Licensee Telephone #: (269) 927-3472

Licensee/Licensee Designee: Delissa Payne, Designee

Administrator: Delissa Payne

Name of Facility: Skyway Home

Facility Address: 5626 Skyway Dr.
Comstock Park, MI 49321

Facility Telephone #: (616) 551-2093

Original Issuance Date: 02/27/2013

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/13/2021

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 04/23/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 5
No. of others interviewed [redacted] Role: [redacted]

- 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.
N/A
- 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 determined to be in substantial compliance with rules and requirements.

I completed an exit conference with the licensee designee Delissa Payne via email. Mrs. Payne responded that she concurred with the findings of my inspection.

IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 6).



07/29/2021

Grant Sutton
Licensing Consultant

Date