



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 4, 2021

David Powell
Spectrum Community Services
28303 Joy Rd.
Westland, MI 48185

RE: License #: AS630397223
Groveland Home
9921 Walnut Hill Drive
Davisburg, MI 48350

Dear Mr. Powell:

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 designee and a date.

Upon receipt of an acceptable corrective plan, a regular license 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink on a light-colored background.

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630397223
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(173) 445-8872
Licensee Designee:	David Powell
Administrator:	Kimberly Martin
Name of Facility:	Groveland Home
Facility Address:	9921 Walnut Hill Drive Davisburg, MI 48350
Facility Telephone #:	(734) 458-8729
Original Issuance Date:	06/06/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/04/2021

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

Date of Health Authority Inspection if applicable: 8/26/21

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 1 Role: Lic. Designee

- 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 during meal time
- 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:

<p>MCL 400.734b</p>	<p>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</p>
	<p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p>

Staff were fingerprinted through the Michigan Workforce Background Check System by the previous corporation that was licensed to operate the facility. Spectrum Community Services did not complete the fingerprinting process or obtain shared

fingerprinting results through the Michigan Workforce Background Check System for any of the employees who continued to work in the home after the facility was licensed under Spectrum on 06/06/2019.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 12/10/2019; CAP Dated: 12/20/19.

R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (b) First aid. (c) Cardiopulmonary resuscitation.

During the onsite inspection, the employee file for Belinda Lilliard did not include verification of current first aid and CPR training. Certification was obtained on 03/23/2018 and was valid for two years.

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.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

During the onsite inspection, the employee files for Belinda Lilliard and Gail Dake did not include verification of an annual health review that was completed in 2020 or 2021.

R 400.14207	Required personnel policies.
	(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

During the onsite inspection, the employee files for Belinda Lilliard and Gail Dake did not include verification of receipt of personnel policies.

R 400.14207	Required personnel policies.
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.

During the onsite inspection, the employee files for Belinda Lilliard and Gail Dake did not include verification of receipt of their job descriptions.

R 400.14208	Direct care staff and employee records.
	(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.

During the onsite inspection, the verification of reference check forms on file for Belinda Lilliard were not completed.

R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, the resident files did not include two years of weight records. Resident J's weight was not recorded in December 2020. Resident M's weight was not recorded in November 2020.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage.

During the onsite inspection, Resident J's medication administration record for November 2021 listed Famotidine 10mg tablet, which did not match the prescription label that stated Heartburn Relief Tab.

R 400.14315	Handling of resident funds and valuables.
	(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

Resident M's Resident Care Agreement stated that her cost of care was \$907.50. The Funds Part II form for August and September 2021 showed that \$1707.50 was withdrawn from her account. The Funds Part II form included a notation that said \$800 to guardian; however, there was no documentation or authorization on file showing that the money was sent to the guardian, that consent was obtained to send the funds, or how the funds were spent.

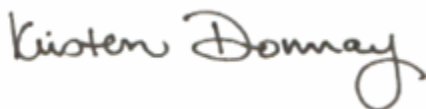
R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection Resident M's Funds Part II form for October 2021 was not available to review in the home. The administrator indicated that the Funds Part II forms are not completed until after the residents' bank statements are received the following month. Resident M's funds were used to purchase a shower chair, but this was not documented on the Funds Part II form.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report Dated: 12/10/2019; CAP Dated: 12/20/19.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



11/04/21

Kristen Donnay
Licensing Consultant

Date