



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 10, 2021

Joyce Divis
Spectrum Community Services
Suite 700
185 E. Main St
Benton Harbor, MI 49022

RE: License #: AS110010333
Investigation #: 2022A0583005
Echo Court Home

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS110010333
Investigation #:	2022A0583005
Complaint Receipt Date:	11/03/2021
Investigation Initiation Date:	11/03/2021
Report Due Date:	12/03/2021
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(173) 445-8872
Administrator:	Joyce Divis
Licensee Designee:	Joyce Divis
Name of Facility:	Echo Court Home
Facility Address:	4185 Echo Road Benton Harbor, MI 49022
Facility Telephone #:	(269) 944-3506
Original Issuance Date:	03/17/1993
License Status:	REGULAR
Effective Date:	05/09/2020
Expiration Date:	05/08/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
The facility requires repairs and smells of urine.	Yes
The facility contains items that are blocking a required means egress.	Yes

III. METHODOLOGY

11/03/2021	Special Investigation Intake 2022A0583005
11/03/2021	Special Investigation Initiated - Telephone Riverwood Center Treatment Team Member Theresa Zitta
11/04/2021	Inspection Completed On-site Staff Amy Weathersby, Resident A
11/04/2021	Contact - Telephone call made Home Manager Alaina Boyer
11/10/2021	Exit Conference Joyce Divis

ALLEGATION: The facility requires repairs and smells of urine.

INVESTIGATION: On 11/03/2021 I received complaint allegations from the BCAL online reporting system which alleged that the facility needs repairs and smells of urine. The complaint alleged that two electrical outlets in Resident A's bedroom, and a large hole in the dining room each require repair. The complaint further alleged that the facility's media room has an odor of urine.

On 11/03/2021 I interviewed Riverwood Center Treatment Team Member, Theresa Zitta, via telephone. Ms. Zitta stated she visited the facility on 10/29/2021 and observed two electrical outlets in Resident A's bedroom require repair due to broken covers and dislodgement from the wall. Ms. Zitta stated she also observed a large hole in the dining room wall which requires repair. Ms. Zitta stated she observed that the facility's media room smells of urine. Ms. Zitta stated she did not speak to staff regarding her concerns regarding the facility's disrepair.

On 11/04/2021 I completed an unannounced onsite investigation at the facility and privately interviewed staff Amy Weathersby. Ms. Weathersby stated she unaware of electrical outlets in Resident A's bedroom requiring repair. Ms. Weathersby stated there is a hole in the wall in the dining room which does require repair. Ms.

Weathersby stated she does not know what caused the hole in the wall, but the wall has been in disrepair for approximately three months. Ms. Weathersby stated there are multiple “mats” stored in the media room that are utilized by residents for physical therapy needs. Ms. Weathersby stated residents often urinate on the “mats” causing a long-standing odor to permeate into the media room. Ms. Weathersby acknowledged that there is a faint odor of urine in the media room as a result of the mats that are stored there.

Facility residents were visually observed rather than interviewed due to each resident’s inability to be interviewed given their pervasive developmental disabilities.

While onsite I observed two broken electrical outlets located in Resident A’s bedroom and a large hole in the dining room wall each requiring repairs. While onsite I observed an odor of urine in the facility’s media room which contains many black mats also displaying an odor of urine.

On 11/04/2021 I interviewed Home Manager Elaina Boyer via telephone. Ms. Boyer stated she was unaware of broken electrical outlets located in Resident A’s bedroom. Ms. Boyer stated she was aware of the hole located in the facility’s dining room and it has been in disrepair since at least “June” 2021. Ms. Boyer stated the entire facility is “getting painted and patched” but she has “no idea when it is going to happen”. Ms. Boyer stated the facility’s media room does have a “slight smell” of urine on “some days” due to residents urinating on mats located in the media room. Ms. Boyer stated facility staff clean the mats but the mats “are hard to keep clean”.

On 11/10/2021 I conducted by telephone an exit conference with the Licensee Designee, Joyce Divis. Ms. Divis stated she would complete an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 11/04/2021 I observed two broken electrical outlets located in Resident A’s bedroom and a large hole in the dining room wall each requiring repairs. I noted an odor of urine in the facility’s media room which contains many black mats also displaying an odor of urine. There is a preponderance of evidence to substantiate violation of the applicable rule.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility contains items that are blocking a required means of egress.

INVESTIGATION: On 11/03/2021 I received complaint allegations from the BCAL online reporting system which alleged that the facility contains items that are blocking a required means of egress from the facility.

On 11/03/2021 I interviewed Riverwood Center Treatment Team Member, Theresa Zitta, via telephone. Ms. Zitta stated she visited the facility on 10/29/2021 and observed many boxes and wheelchairs stored in a hallway of the facility which block a required means of egress. Ms. Zitta stated she does not know how long the items have been stored in the current location.

On 11/04/2021 I completed an unannounced onsite investigation at the facility and privately interviewed Staff Amy Weathersby. Ms. Weathersby stated a facility hallway which forms part of the required means of egress contains approximately five wheelchairs and multiple boxes of resident supplies. Ms. Weathersby stated the items located in the facility hallway have been in their present location for “months”.

While onsite I observed five wheelchairs and multiple boxes of resident supplies located in a resident hallway consequently blocking a required means of egress.

On 11/04/2021 I interviewed Home Manager Elaina Boyer via telephone. Ms. Boyer stated she is aware of multiple wheelchairs and boxes located in the facility’s hallway which block a required means of egress. Ms. Boyer stated the items have been stored in the facility’s hallway since at least June 2021. Ms. Boyer stated the items located in the facility’s hallway are “a fire safety hazard” because they block egress to a door leading directly outdoors.

On 11/10/2021 I conducted by telephone an exit conference with the Licensee Designee, Joyce Divis. Ms. Divis stated she would complete an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14507	Means of egress generally.
	(2) A means of egress shall be arranged and maintained to provide free and unobstructed egress from all parts of a small group home.
ANALYSIS:	While onsite I observed five wheelchairs and multiple boxes of resident supplies located in a resident hallway consequently blocking a required means of egress. There is a preponderance of evidence to substantiate violation of the applicable rule.

CONCLUSION:	VIOLATION ESTABLISHED
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IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend the license remain unchanged.



11/10/2021

Toya Zylstra
Licensing Consultant

Date

Approved By:



11/10/2021

Jerry Hendrick
Area Manager

Date