



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 23, 2021

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

RE: License #: AS630397222  
Adams Home  
4609 Butler  
Troy, MI 48098

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 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".

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**

<b>License #:</b>	AS630397222
<b>Licensee Name:</b>	Spectrum Community Services
<b>Licensee Address:</b>	28303 Joy Rd. Westland, MI 48185
<b>Licensee Telephone #:</b>	(734) 445-8872
<b>Licensee Designee:</b>	David Powell
<b>Administrator:</b>	Kimberly Martin
<b>Name of Facility:</b>	Adams Home
<b>Facility Address:</b>	4609 Butler Troy, MI 48098
<b>Facility Telephone #:</b>	(248) 524-1275
<b>Original Issuance Date:</b>	06/18/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/16/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 2  
No. of others interviewed 2 Role: Lic. Desig. & Quality Coord.

- 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.
- 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><b>MCL 400.734b</b></p>	<p><b>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.</b></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: 01/31/20; CAP dated: 02/24/20.**

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

During the onsite inspection, there was no record of an annual inspection of the fire safety system for 2020 or 2021.

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

During the onsite inspection, the fire drill records for 2020 were not available for review. The only fire drill records on file for 2021 were February, May, and June.

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the

	<p>national fire protection association shall have a period of 6 month from the date of the finding to either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</p>
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During the onsite inspection, there were no E-scores available for review.

<b>R 400.14204</b>	<b>Direct care staff; qualifications and training.</b>
	<p>(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:</p> <ul style="list-style-type: none"> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul>

During the onsite inspection, the employee file for Cynthia Pringle did not contain proof of current CPR or First Aid training. The CPR/First Aid training on file was completed in 2017 and was valid for two years. The employee file for Tamika Johnson did not contain proof of any training.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 01/31/20; CAP dated: 02/24/20.**

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

During the onsite inspection, the employee file for Cynthia Pringle did not include a physician statement that was obtained within 30 days of her hire date of 01/11/19.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

During the onsite inspection, the employee file for Cynthia Pringle did not include proof of TB testing that was obtained at the time of hire. The TB testing results on file were dated 09/20/21.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(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 did not contain an annual health review for 2020 or 2021.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the onsite inspection, Resident A's file did not contain a health care appraisal that was completed annually in 2020. Resident B's file did not contain a health care appraisal that was completed annually in 2021.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, I reviewed Resident A and Resident B's medications. I noted the following:

- Resident A was prescribed Alendronate 70mg tablet- take by mouth once weekly. Resident A's November medication administration record (MAR) indicated that she should receive the medication four times in November on 11/03/21, 11/10/21, 11/17/21, and 11/24/21. The MAR indicated that Resident A received the medication on 11/03/21 and 11/10/21, so there should have been two pills remaining for the month. I observed three pills remaining in the blister pack at the time of the onsite inspection on 11/16/21.
- Resident B had Triamcinolone 0.1% ointment that was filled on 10/30/21 with prescription instructions that stated to apply 1 application every 12 hours for 7 days. The medication was not listed on Resident B's November 2021 MAR, so it is unclear if it was being given as prescribed. The medication coordinator indicated that they were still administering the ointment to Resident B as of 11/16/21, but the instructions stated that it should only be used for 7 days.

- Resident B's MAR also indicated that she was prescribed Clotrimazole 1% cream- apply 2x's daily. The November MAR was not initialed for this medication from 11/01/21-11/16/21. There was no indication on the medication log that the medication was discontinued and there was no order on file stating that the medication was discontinued.

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul>

During the onsite inspection, I reviewed the medication administration records (MARs) for Resident A and Resident B. I noted the following:

- Resident A's November 2021 MAR was not initialed for the 7:00pm dose of Clotrim Beta Diprop Cream from 11/04/21-11/16/21.
- Resident A's September 2021 MAR was not initialed for Alendronate 70mg-take 1 time weekly on 09/29/21.
- Resident A's August MAR was not initialed for evening medications on 08/30/21 and all medications on 08/31/21.
- Resident B's November 2021 MAR did not list Triamcinolone 0.1% ointment-apply 1 application every 12 hours for 7 days, which was filled on 10/30/21.
- Resident B's November 2021 MAR was not initialed for Clotrimazole 1% cream- apply 2x's daily from 11/01/21-11/16/21
- Resident B's October 2021 MAR was not initialed for the evening medications on 10/27/21. It was not initialed for any medications on 10/28/21.
- Resident B's September 2021 MAR was not initialed for 7:00am medications on 09/01/21.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 01/31/20; CAP dated: 02/24/20.**

<b>R 400.14312</b>	<b>Resident medications.</b>
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

During the onsite inspection, I observed that Resident A's medications included two bubble packs of Oyster Shell Calcium + Vitamin D3 200 tab, which were prescribed to Resident C. The bubble packs were rubber banded together with Resident A's bubble packs. The medication coordinator did not know why the medications were with Resident A's medications and indicated that Resident C was deceased. Pills had been passed from both bubble packs from 11/01/21-11/16/21.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite inspection, I observed:

- Medications belonging to a deceased resident were being stored with Resident A's medications and were being passed to Resident A. They were not disposed of when delivered to the home.
- Resident A's Clotrim Beta Diprop Cream had an expiration date of 09/2021, but it was still being administered by staff.
- Resident B's Triamcinolone 0.1% ointment was still being stored with her medications and administered as of 11/16/21, but it was only supposed to be administered for 7 days beginning 10/30/21.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(11) A licensee shall obtain prior written approval from a resident and his or her designated representative before charges are made to a resident's account.

During the onsite inspection there was no written authorization on file from Resident D's guardian for a purchase of \$380.428 from Amazon on 02/04/21.

**REPEAT VIOLATION ESTABLISHED: Special Investigation Report #2020A091006 dated 02/12/2020; CAP dated: 03/10/2020.**

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(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 A's Resident Care Agreement indicated that she pays \$907.50 each month for cost of care. Resident A's Funds Part II form showed that \$913.50 was being deducted from her account each month for her cost of care payments. The administrator indicated that this includes a \$6 fee that is paid to Resident A's guardian, but this expense was not listed separately on the Funds Part II form. In March 2021 the amount deducted was \$911.41. The administrator did not know why the amount was different that month and there was no written explanation on the funds form.

<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

During the onsite inspection, Resident D's Funds Part II forms showed that the facility had over \$400 in cash on hand for Resident D from October 2020-February 2021.

**REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 01/31/20; CAP dated: 02/24/20.**

<b>R 400.14316</b>	<b>Resident records.</b>
	(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information: (a) Identifying information, including, at a minimum, all of the following: (viii) Funeral provisions and preferences.

During the onsite inspection, the resident files for Resident A and Resident B did not include funeral provisions and preferences.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the onsite inspection, the fire drill records for 2020 were not available for review. The only fire drill records on file for 2021 were February, May, and June.

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

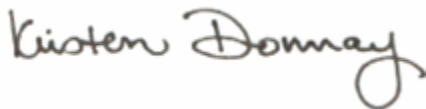
During the onsite inspection, the kitchen table was broken and tipped forward when it was leaned on.

<b>R 400.14407</b>	<b>Bathrooms.</b>
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

During the onsite inspection, the bathroom that is located through the bedroom was not equipped with non-locking against egress hardware.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

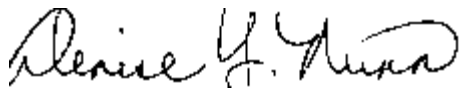


11/18/2021

Kristen Donnay  
Licensing Consultant

Date

Approved by:



11/23/2021

Denise Y. Nunn  
Area Manager

Date: