



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 #: AS630397254
Leidich Home
1087 Leidich
Lake Orion, MI 48362

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

License #:	AS630397254
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(734) 445-8872
Licensee Designee:	David Powell
Administrator:	Kimberly Martin
Name of Facility:	Leidich Home
Facility Address:	1087 Leidich Lake Orion, MI 48362
Facility Telephone #:	(248) 693-4957
Original Issuance Date:	06/18/2019
Capacity:	6
Program Type:	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: 09/08/2021

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 2
No. of others interviewed 1 Role: Licensee 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.
- 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:

MCL 400.734b	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>(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: 12/13/2019; CAP dated: 12/23/19.

R 330.1803	Facility environment; fire safety.
	(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 on file for 2020 or 2021.

R 330.1803	Facility environment; fire safety.
	(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, there was no documentation on file for fire drills that were conducted in 2020. There was no documentation of a daytime fire drill for the three-month period of April-June 2021.

R 330.1803	Facility environment; fire safety.
	(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

	<p>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 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 on file that were completed annually in 2020 or after Resident C moved into the home on 09/18/2020. The E-scores that were completed in March 2021 were not calculated correctly.

R 400.14204	Direct care staff; qualifications and training.
	<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"> (b) First aid. (c) Cardiopulmonary resuscitation.

During the onsite inspection, there was no documentation of current first aid/CPR training on file for direct care worker, Yvonne Cox. Her training was completed in 2015 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.
	<p>(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed</p>

	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.
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During the onsite inspection, the employee file for Yvonne Cox did not contain a physician statement that was obtained within 30 days of her employment date of 01/18/2019.

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 Yvonne Cox and Tiffany Davis did not include verification of an annual health review for 2020 or 2021.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(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 include a health care appraisal that was completed for 2020 or 2021. Resident B did not have a health care appraisal on file that was completed annually in 2020.

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, there were no weight records on file for 2020. Resident A and Resident B's weight records only had weights recorded for May-October 2021.

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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection, Resident A's November 2021 medication administration record (MAR) was not initialed for evening medications on 11/15/21. Resident A's November 2021 MAR was not initialed for the 7:00am dose of Memantine 10mg, Levothyroxine 75mcg, or 8:00am Phisoderm body wash on 11/16/21.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14315	Handling of resident funds and valuables.
	(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.

Resident A's Resident Care Agreement indicated that written approval was required for expenditures over \$200. There was no written approval on file for a purchase of \$434.59 at Best Buy on 11/15/21.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

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:

- The Funds Part II forms showing cost of care payments were not in the resident files.
- Resident B is able to handle up to \$60 in cash; however, staff did not document on the Funds Part II form when cash was given to Resident B, and he did not sign off to indicate that he received cash each month.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14315	Handling of resident funds and valuables.
	(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 A's Funds Part II forms showed that the facility had over \$500 in cash on hand for Resident A from March 2021-November 2021.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14315	Handling of resident funds and valuables.
	(7) A resident shall have access to and use of personal funds that belong to him or her in reasonable amounts, including immediate access to not less than \$20.00 of his or her personal funds. A resident shall receive up to his or her full amount of personal funds at a time designated by the resident, but not more than 5 days after the request for the funds. Exceptions to this requirement shall be subject to the provisions of the resident's assessment plan and the plan of services.

During the onsite inspection, Resident B's Funds Part II form showed that he had \$0.26 available in cash on hand from September-November 2021.

R 400.14316	Resident records.
	<p>(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:</p> <ul style="list-style-type: none"> (a) Identifying information, including, at a minimum, all of the following: <ul style="list-style-type: none"> (i) Name. (ii) Social security number, date of birth, case number, and marital status. (iii) Former address. (iv) Name, address, and telephone number of the next of kin or the designated representative. (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home. (vi) Name, address, and telephone number of the preferred physician and hospital. (vii) Medical insurance. (viii) Funeral provisions and preferences. (ix) Resident's religious preference information.

During the onsite inspection, Resident A's file did not contain a resident information and identification record form with the required identifying information. Resident B's file did not include funeral provisions and preferences.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	<p>(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.</p>

During the onsite inspection, there was no documentation on file for fire drills that were conducted in 2020. There was no documentation of a daytime fire drill for the three-month period of April-June 2021.

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

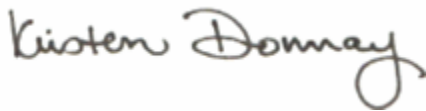
During the onsite inspection, the lightbulbs in the bathroom were burned out.

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection, the bedroom wall behind Resident B's recliner was dented and damaged.

IV. RECOMMENDATION

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

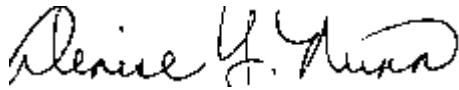


11/18/2021

 Kristen Donnay
 Licensing Consultant

 Date

Approved by:



11/23/2021

 Denise Y. Nunn
 Area Manager

 Date