



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 #: AS630397224
Lake Braemar Home
1255 East Davisburg Road
Holly, MI 48442

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". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630397224
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:	Lake Braemar Home
Facility Address:	1255 East Davisburg Road Holly, MI 48442
Facility Telephone #:	(248) 369-8663
Original Issuance Date:	06/06/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/09/2021

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

Date of Health Authority Inspection if applicable: 11/29/21

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1
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.
- 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: 12/06/2019; CAP dated: 12/20/19.

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 system on file.

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 period under review:

- A daytime fire drill was not conducted for the 3-month period of January-March 2021.
- A fire drill was not conducted during sleeping hours for April-June 2021.
- There was no documentation of a daytime or sleep fire drill for January-March 2020.
- There was no documentation of a daytime fire drill for April-June 2020.
- There was no documentation of any fire drills for July-September 2020.

R 330.1803	Facility environment; fire safety.
	<p>(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 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>

During the onsite inspection, there were no E-scores on file that were conducted annually in 2020 or after Resident A moved into the home in June 2020.

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>(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.</p>

During the onsite inspection, the employee files for Marty Singleton and Jennifer Moore did not contain verification of an annual review of their health status.

R 400.14210	Resident register.
	<p>A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:</p> <ul style="list-style-type: none"> (a) Date of admission. (b) Date of discharge. (c) Place and address to which the resident moved, if known.

During the onsite inspection, the resident register was not updated to include the current residents in the home.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(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.</p>

During the onsite inspection, there was no health care appraisal on file for Resident A that was completed in 2020.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	<p>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</p>

During the onsite inspection, the individual plan of service (IPOS) on file for Resident A had an end date of 06/30/21. The IPOS on file for Resident B had an end date of 07/31/21. The updated plans of service were obtained from the Spectrum administrative offices during the onsite inspection; however, they were not in the home prior to the inspection.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection, there was no written authorization from a physician on file for Resident A's wheelchair, bed rails, or Bipap machine.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/06/2019; CAP dated: 12/20/19.

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, no resident weight records from 2020 were on file. The weights on file for Resident A and Resident B only covered July-November 2021.

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

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

- Resident A's MARs were not initialed for the 12:00pm dose of Boost Plus Choc. Liq. on 08/25/21, 08/31/21, 09/30/21, 11/07/21, 11/08/21, or 11/09/21.
- Resident A's August 2021 MAR was not initialed for the 5:00am dose of Sertraline 50mg on 08/02/21 or 08/14/21.
- Resident A's August 2021 MAR was not initialed for the 5:00am dose of Ipratropium spray on 08/02/21.
- Resident A's November 2021 MAR was not initialed for the 5:00am dose of Ipratropium spray on 11/06/21.
- The prescription label for Resident A's Sertraline 100mg stated to take 1 tab at bedtime, but the bubble pack had 4:00pm written on it.
- The prescription instructions and the November 2021 MAR for Resident A's Loratadine 10mg stated to take 1 tablet daily at 7:00pm, but the bubble pack had 4:00pm written on it.
- Resident B's November 2021 MAR was not initialed for the 12:00pm dose of Benecalorie Liq. on 11/09/21.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/06/2019; CAP dated: 12/20/19.

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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

During the onsite inspection, a reason was not recorded for each administration of Resident A's PRN medications. Resident A received Milk of Magnesia 30mL PRN on 11/08/21 and Polyethylene Glycol 3350 PRN on 11/06/21 and 11/07/21, but a reason was not recorded for each administration.

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 A did not have a Funds Part I form on file.
- Resident A's Funds Part II form showing his cash on hand was not completed correctly. Resident A had \$22.94 in cash, but the Funds Part II form stated

that he had \$21.88. Receipts were not attached to the Funds Part II forms that were on file at the home.

- Resident B's Funds Part II form showing his cash on hand was not completed correctly. Resident B had \$81.05 in cash, but the Funds Part II forms stated that he had \$79.99. Receipts were not attached to the Funds Part II forms that were on file at the home.

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.

A review of the Funds Part II forms showed that the facility had over \$300 in cash on hand for Resident A from 02/2021-06/2021. The facility had over \$500 in cash on hand for Resident B from 03/2021-06/2021 and more than \$300 in cash on hand from 07/2021-09/2021.

R 400.14315	Handling of resident funds and valuables.
	(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

Resident B's Resident Care Agreement indicated that written approval was required for any expenditures over \$200. There was no written approval on file for a purchase of \$490.63 at JC Penney in April 2021 or \$233.10 at JC Penney in October 2021.

R 400.14316	Resident records.
	(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: <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.

	<ul style="list-style-type: none"> (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.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/06/2019; CAP dated: 12/20/19.

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"> (e) Resident care agreement.

During the onsite inspection, Resident A's file did not include his resident care agreement for 2021. The document was obtained from the Spectrum administrative office during the inspection, but it was not maintained in the resident record prior to the inspection.

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"> (i) Resident funds and valuables record and resident refund agreement.

During the onsite inspection, the resident files for Resident A and Resident B did not include the Funds Part II forms showing cost of care payments. The documents were obtained from the Spectrum administrative office during the inspection, but they were not maintained in the resident record prior to the inspection.

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 period under review:

- A daytime fire drill was not conducted for the 3-month period of January-March 2021.
- A fire drill was not conducted during sleeping hours for April-June 2021.
- There was no documentation of a daytime or sleep fire drill for January-March 2020.
- There was no documentation of a daytime fire drill for April-June 2020.
- There was no documentation of any fire drills for July-September 2020.

R 400.14401	Environmental health.
	(6) Poisons, caustics, and other dangerous materials shall be stored and safeguarded in nonresident areas and in non-food preparation storage areas.

During the onsite inspection, I observed cleaning supplies that were being stored in an unlocked cabinet under the kitchen sink.

R 400.14402	Food service.
	(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

During the onsite inspection, the thermometer in the refrigerator located in the basement showed a temperature of 50°F.

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.

During the onsite inspection:

- There were holes in the wall in Resident C's bedroom and the drywall was damaged.
- The sliding glass door in the dining area was broken.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection, I observed:

- Handles were missing from the closet and dressers in bedroom #2.
- The doors on the bedside tables in bedroom #2 were broken.
- The walls throughout the facility were scuffed.

IV. RECOMMENDATION

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

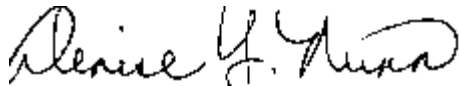


11/15/2021

Kristen Donnay
Licensing Consultant

Date

Approved by:



11/23/2021

Denise Y. Nunn
Area Manager

Date