



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 24, 2022

Diana Spencer  
444 S Bay Port Rd  
Bay Port, MI 48720

RE: License #: AF320275495  
Investigation #: 2022A0871044  
Whispering Pines

Dear Mrs. Spencer:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On August 23, 2022, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (989) 732-8062.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF320275495
<b>Investigation #:</b>	2022A0871044
<b>Complaint Receipt Date:</b>	06/30/2022
<b>Investigation Initiation Date:</b>	07/01/2022
<b>Report Due Date:</b>	08/29/2022
<b>Licensee Name:</b>	Diana Spencer
<b>Licensee Address:</b>	444 S Bay Port Rd Bay Port, MI 48720
<b>Licensee Telephone #:</b>	(989) 453-2807
<b>Administrator:</b>	N/A
<b>Licensee Designee:</b>	N/A
<b>Name of Facility:</b>	Whispering Pines
<b>Facility Address:</b>	444 South Bay Port Road Bay Port, MI 48720
<b>Facility Telephone #:</b>	(989) 453-2807
<b>Original Issuance Date:</b>	09/13/2005
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/26/2020
<b>Expiration Date:</b>	08/25/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. ALLEGATION(S)

	Violation Established?
Resident A's yearly doctor appointment has not been scheduled and there are concerns that Resident A's medication refills may be delayed. Licensee Diana Spencer recently had some health issues and there are concerns with the care Resident A may be receiving.	Yes

## III. METHODOLOGY

06/30/2022	Special Investigation Intake 2022A0871044
06/30/2022	APS Referral Denied to Huron County MDHHS
07/01/2022	Special Investigation Initiated - Telephone Telephone call to Guardian A1
07/06/2022	Inspection Completed On-site Interviewed Responsible Person Clinton Spencer
08/23/2022	Inspection Completed On-site Interviewed Responsible Person Clinton Spencer
08/23/2022	Exit Conference Exit interview with Mr. Spencer.

### ALLEGATION:

Resident A's yearly doctor appointment has not been scheduled and there are concerns that Resident A's medication refills may be delayed. Licensee Diana Spencer recently had some health issues and there are concerns with the care Resident A may be receiving.

## INVESTIGATION:

On July 6, 2022, I conducted an unannounced onsite investigation and interviewed Residents A-E. Residents A-E all stated that they are receiving their medications. Residents A-E all appeared clean and to be receiving adequate care. They were all sitting outside enjoying the day.

I also interviewed Responsible Person Clinton Spencer. Mr. Spencer indicated Licensee Diana Spencer is unable to provide care to the residents due to some recent health issues. Mr. Spencer stated that the residents are receiving their medications. He also said Resident A was supposed to have bloodwork, but he never received an order for it. Mr. Spencer also reported he was having a hard time scheduling appointments for the residents. Mr. Spencer indicated that Residents A-D all have been given 30-day discharge notices and they should be moved out either July 31 or August 1, 2022. Mr. Spencer said he would like the license to be closed.

I asked Mr. Spencer to provide me copies of the residents' *Medication Administration Records*. Mr. Spencer stated he was not recording the residents' medications administrations. Mr. Spencer showed me the medications but did not have *Medication Administration Records*.

On August 23, 2022, I conducted an unannounced onsite investigation and interviewed Mr. Spencer. Mr. Spencer stated that Residents A-D have all moved out. Mr. Spencer reported that Resident E is his own guardian, and he chose to stay, and he is the only resident living at the facility.

On August 23, 2022, I conducted a face-to-face exit conference with Responsible Person Clinton Spencer. I advised Mr. Spencer that this is a rule violation. Mr. Spencer agreed to sign a Corrective Action Plan that indicates he would like the license to be closed, and he signed it indicating such.

APPLICABLE RULE	
<b>R 400.1418</b>	<b>Resident medications.</b>
	(4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions: (a) Maintain a record as to the time and amount of any prescription medication given or applied. Records of prescription medication shall be maintained on file in the home for a period of not less than 2 years.

<b>ANALYSIS:</b>	Responsible Person Clinton Spencer acknowledged that he was not signing a <i>Medication Administration Record</i> for the residents. There is sufficient evidence to confirm violation of this rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. I recommend the closure of this adult foster care family home (capacity1-6).

*Kathryn A. Huber*

08/24/2022

Kathryn A. Huber  
Licensing Consultant

Date

Approved By:

*Mary E. Holton*

08/24/2022

Mary E Holton  
Area Manager

Date