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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

November 30, 2023

Janet Difazio Spectrum Community Services 185 E. Main St Suite 700 Benton Harbor, MI 49022

RE: License #: AS630397257

Seven Lakes Home 2332 Grange Hall Road Fenton, MI 48439

Dear Janet Difazio:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan, you have submitted documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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,

Kristen Donnay, Licensing Consultant

Bureau of Community and Health Systems

Cadillac Place

3026 W. Grand Blvd. Ste 9-100

Visten Doma

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 #:	ACC20207257	
License #:	AS630397257	
Licensee Name:	Spectrum Community Services	
Licensee Address:	185 E. Main St	
	Suite 700	
	Benton Harbor, MI 49022	
	,	
Licensee Telephone #:	(231) 887-4130	
Licensee Designee:	Janet Difazio	
Name of Facility:	Seven Lakes Home	
Facility Address:	2332 Grange Hall Road	
1 domey 7 lad 1000.	Fenton, MI 48439	
	T GIRGH, IIII 10 100	
Facility Telephone #:	(248) 634-3914	
r domey receptions in	(210) 001 0011	
Original Issuance Date:	06/06/2019	
Original Issuance Bate.	00/00/2010	
Capacity:	6	
- Supudity:		
Program Type:	PHYSICALLY HANDICAPPED	
Trogram Type:	DEVELOPMENTALLY DISABLED	
	MENTALLY ILL	
	AGED	
	TRAUMATICALLY BRAIN INJURED	
	ALZHEIMERS	

# II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/28/2023		
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Health Authority Inspection if applicable: 12/06/23		
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  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		
<ul> <li>Resident funds and associated documents reviewed for at least one resident?         Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☐ No ⋈ If no, explain.         Inspection did not occur during meal time</li> <li>Fire drills reviewed? Yes ⋈ No ☐ If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>		
Incident report follow-up? Yes ⊠ No □ If no, explain.		
<ul> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: N/A □</li> <li>Number of excluded employees followed-up? N/A ∑</li> </ul>		
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:

R 400.14312	Resident medications.
	<ul> <li>(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: <ul> <li>(b) Complete an individual medication log that contains all of the following information:</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> </ul> </li> </ul>

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

- The September 2023 MARs were not initialed for the 8:00am medications on 09/01/23, 09/10/23, 09/21/23, and 09/25/23.
- The September 2023 MARs were not initialed for the 4:00pm medications on 09/10/23, 09/20/23, and 09/21/23.
- The September 2023 MARs were not initialed for the 8:00pm medications on 09/07/23, 09/10/23, 09/18/23, 09/20/23, or 09/21/23.
- The October 2023 MARs were not initialed for the 8:00am medications on 10/09/23 and 10/12/23 or the 8:00pm medications on 10/08/23, 010/11/23, and 10/17/23.

REPEAT VIOLATION ESTABLSHED: Reference Renewal Licensing Study Report Dated: 11/15/2021; CAP Dated: 11/29/2021

A corrective action plan was requested and approved on 11/28/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Kisten Donnay	11/30/2023
Kristen Donnay	Date
Licensing Consultant	