

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 26, 2024

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

### RE: License #: AS810013390 Bateson Residence 2832 Bateson Court Ann Arbor, MI 48105

Dear Mrs. Difazio:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable. **OR** 

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license is valid only at your present address and is nontransferable.

#### OR

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: *(choose one or more)* 

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

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.

OR

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. **OR** 

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.

### OR

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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 (313) 456-0380.

Sincerely,

Jeffrey J. Bozsik, Licensing Consultant Bureau of Community and Health Systems 22 Center Street Ypsilanti, MI 48198 (734) 417-4277 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

## I. IDENTIFYING INFORMATION

LicenseLicense #:	AS810013390
Licensee Name:	Spectrum Community Services
Licensee Address:	Suite 700 185 E. Main St Benton Harbor, MI 49022
Licensee Telephone #:	(734) 458-8729
Licensee/Licensee Designee:	Janet Difazio, Designee
Administrator:	
Name of Facility:	Bateson Residence
Facility Address:	2832 Bateson Court Ann Arbor, MI 48105
Facility Telephone #:	(734) 332-4148
Original Issuance Date:	09/01/1994
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/20/2024	
Date of Bureau of Fire Services Inspection if applicable:	
Date of Environmental/Health Inspection if applicable: 12/07/2023	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:	
<ul> <li>Medication pass / simulated pass observed? Yes No If no, explain.</li> </ul>	
• 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.</li> </ul>	
• Fire drills reviewed? Yes 🗌 No 🗌 If no, explain.	
• Fire safety equipment and practices observed? Yes 🗌 No 🗌 If no, explain.	
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A</li> <li>If no, explain.</li> <li>Water temperatures checked? Yes No If no, explain.</li> </ul>	
<ul> <li>Incident report follow-up? Yes No If no, explain.</li> </ul>	
<ul> <li>Corrective action plan compliance verified? Yes CAP date/s and rule/s:</li> <li>N/A </li> </ul>	
Number of excluded employees followed-up?     N/A	
<ul> <li>Variances? Yes (please explain) No N/A</li> </ul>	

# **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)* 

The facility is in compliance with all applicable rules and statutes.

## **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.

## OR

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

## OR

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

## OR

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

### OR

Refusal to renew the license is recommended.

Jeffrey J. Bozsik Licensing Consultant Date