



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 17, 2024

Joyce Divis
Spectrum Community Services
Suite 700
185 E. Main St
Benton Harbor, MI 49022

RE: License #: AS110259178
Park Place
625 Park St.
Coloma, MI 49038

Dear Joyce Divis:

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 will be renewed within 30-days of its expiration so long as there are no open investigations at that time. Once received, your licenselt 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AS110259178

Licensee Name: Spectrum Community Services

Licensee Address: Suite 700
185 E. Main St
Benton Harbor, MI 49022

Licensee Telephone #: (734) 458-8729

Licensee Designee: Joyce Divis

Administrator: Joyce Divis

Name of Facility: Park Place

Facility Address: 625 Park St.
Coloma, MI 49038

Facility Telephone #: (269) 468-3005

Original Issuance Date: 11/25/2003

Capacity: 6

Program Type: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 4/10/24

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Environmental/Health Inspection if applicable: 2/16/24

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: Administration

- 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 determined to be in substantial compliance with rules and requirements.

On 4/10/24, I completed an exit conference with Ms. Divis who did not dispute my findings or recommendations.

IV. RECOMMENDATION

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

Cassandra Duursma

4/17/24

Cassandra Duursma
Licensing Consultant

Date