



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 7, 2024

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

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

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 are to submit documentation of compliance.
- You are to submit a Statement of Correction.

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,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
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**

<b>License #:</b>	AS630397224
<b>Licensee Name:</b>	Spectrum Community Services
<b>Licensee Address:</b>	185 E. Main St Suite 700 Benton Harbor, MI 49022
<b>Licensee Telephone #:</b>	(734) 458-8729
<b>Licensee Designee:</b>	Janet Difazio
<b>Name of Facility:</b>	Lake Braemar Home
<b>Facility Address:</b>	1255 East Davisburg Road Holly, MI 48442
<b>Facility Telephone #:</b>	(248) 369-8663
<b>Original Issuance Date:</b>	06/06/2019
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/05/2024

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

Date of Health Authority Inspection if applicable: 02/12/24

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: Lic. Desig./Dir.

- 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:

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multistation 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 documentation on file showing that the fire safety system was inspected annually in 2023.

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(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.

A fire drill was not conducted during evening hours for the 3-month period of July-September 2023. A fire drill was not conducted during sleeping hours for October-December 2023.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(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.

During the onsite inspection, the employee file for Kiana Milton did not contain an annual health review that was completed in 2023. (Annual health review was located and provided following on-site inspection on 06/05/24.)

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

During the onsite inspection, Resident A's file did not contain an annual health care appraisal that was completed in 2023.

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

Staff were not consistently documenting when Resident A was on a leave of absence from the home and medications were not administered. Staff initialed the 8:00pm medications on 05/12/24 indicating that they were passed, but Resident A was on a leave of absence during that time. Staff also initialed Resident A's 8:00am dose of VSL #3 Cap on 03/02/24, 03/04/24, and 03/06/24, but the medication was not available in the home during this time due to the prescription not being refilled.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.

A fire drill was not conducted during evening hours for the 3-month period of July-September 2023. A fire drill was not conducted during sleeping hours for October-December 2023.

<b>R 400.14408</b>	<b>Bedrooms generally.</b>
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, the door in bedroom #1 was not equipped with non-locking against egress hardware. (Doorknob was replaced following on-site inspection on 06/05/24.)

<b>R 400.14507</b>	<b>Means of egress generally.</b>
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

During the onsite inspection, the front door was not equipped with non-locking against egress hardware. (Doorknob was replaced following on-site inspection on 06/05/24.)

A corrective action plan was requested and approved on 06/05/2024. 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.



06/07/2024

---

Kristen Donnay  
Licensing Consultant

Date