

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 26, 2024

Delissa Payne Spectrum Community Services Suite 700 185 E. Main St Benton Harbor, MI 49022

RE: License #: AS410316526

Alima Home AFC 547 60th Street Kentwood, MI 49548

Dear Mrs. Payne:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violation 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 the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific dates for the 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 and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0183.

Sincerely,

Anthony Mullins, Licensing Consultant

Bureau of Community and Health Systems

Unit 13, 7th Floor 350 Ottawa, N.W.

Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #: AS410316526

Licensee Name: Spectrum Community Services

Licensee Address: Suite 700

185 E. Main St

Benton Harbor, MI 49022

Licensee Telephone #: (231) 887-4130

Licensee/Licensee Designee: Delissa Payne

Administrator: Delissa Payne

Name of Facility: Alima Home AFC

Facility Address: 547 60th Street

Kentwood, MI 49548

Facility Telephone #: (616) 827-9902

Original Issuance Date: 03/21/2012

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	08/21	1/2024
Date of Bureau of Fire Services	Inspection if applicable	: N/A
Date of Health Authority Inspec	tion if applicable:	N/A
No. of staff interviewed and/or on No. of residents interviewed and No. of others interviewed		3 3
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No medications were scheduled to be passed during the onsite inspection. Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain 		
 Resident funds and associal Yes ∑ No ☐ If no, explain Meal preparation / service 	in.	ed for at least one resident?
• Fire drills reviewed? Yes	⊠ No If no, explain.	
Fire safety equipment and	practices observed? Ye	es 🗵 No 🗌 If no, explain.
 E-scores reviewed? (Speci If no, explain. Water temperatures checket 	•,	
 Incident report follow-up? N/A 	Yes ☐ No ☒ If no, ex	plain.
Corrective action plan com N/A ⋈	pliance verified? Yes	CAP date/s and rule/s:
Number of excluded emplo	yees followed-up?	N/A ⊠
Variances? Yes ☐ (please)	e explain) No 🗌 N/A [\boxtimes

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

There were no weight records on file for the last 2 years for all six residents in the home.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification are recommended.

arthony Mullin	08/26/2024
Anthony Mullins	Date
Licensing Consultant	