



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 13, 2025

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

RE: License #: AS410357191  
Investigation #: 2025A0467035  
Clyde Park Home

Dear Mrs. Payne:

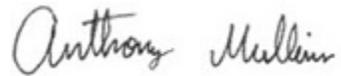
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410357191
<b>Investigation #:</b>	2025A0467035
<b>Complaint Receipt Date:</b>	04/17/2025
<b>Investigation Initiation Date:</b>	04/17/2025
<b>Report Due Date:</b>	06/16/2025
<b>Licensee Name:</b>	Spectrum Community Services
<b>Licensee Address:</b>	Suite 700 185 E. Main St Benton Harbor, MI 49022
<b>Licensee Telephone #:</b>	(734) 458-8729
<b>Administrator:</b>	Delissa Payne
<b>Licensee Designee:</b>	Delissa Payne
<b>Name of Facility:</b>	Clyde Park Home
<b>Facility Address:</b>	8510 Clyde Park Ave. SW Byron Center, MI 49315
<b>Facility Telephone #:</b>	(616) 277-1955
<b>Original Issuance Date:</b>	04/02/2014
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/08/2025
<b>Expiration Date:</b>	02/07/2027
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Staff were not present at the home to provide care for Resident A after school.	Yes

**III. METHODOLOGY**

04/17/2025	Special Investigation Intake 2025A0467035
04/17/2025	Special Investigation Initiated - On Site
04/17/2025	APS Referral Not necessary based on allegations.
04/17/2025	Contact – telephone call made to home manager Delicia Bonto
04/17/2025	Exit conference with executive director, Jordan Walch on behalf of licensee designee, Delissa Payne.
05/06/2025	Contact – telephone call received from Sam Johnson.

**ALLEGATION: Staff were not present at the home to provide care for Resident A after school.**

**INVESTIGATION:** On 4/17/25, I received a LARA-BCHS online complaint stating that on 4/15/25, a Dean Transportation bus driver was at the home at 3:05pm waiting for staff to assist Resident A off the bus and inside the home. The bus driver reportedly honked the horn numerous times in an attempt to get the attention of the home’s staff members. However, no one responded. This led to the bus driver getting off the bus with Resident A and ringing the doorbell. Still, no one answered the door. At this time, Resident A became combative and the driver was trying to calm him down. At approximately 3:19pm, a van pulled into the driveway and the staff member was able to open the door to the home. Resident A was outside the home with no staff for approximately 14 minutes, causing traffic on the road to be backed up in both directions and causing a disturbance. The complaint alleged that approximately three times a week the bus driver has to wait approximately 5 minutes for a staff member to assist Resident A off the bus, which impedes traffic.

On 4/17/25, I made an unannounced onsite investigation at the facility. Upon arrival, staff member, Anna Nyiuamugisha answered the door and allowed entry into the home. Ms. Nyiuamugisha confirmed that she worked on 4/15/25 from 6:00am until 4:00pm. Ms. Nyiuamugisha confirmed that the allegations are involving Resident A as he rides the Go Bus weekly. On the day in question, Ms. Nyiuamugisha stated that she and her manager, Delicia Bonto took the other residents to pick-up some

items from Walmart on 28<sup>th</sup> street in Grand Rapids. While driving back to the home, Ms. Nyiuamugisha stated that Ms. Bonto called the office to the bus company to inform them that she would be approximately 5-10 minutes late due to traffic. Ms. Nyiuamugisha confirmed that she knows that staff are to be present at the home anytime a resident is there. Ms. Nyiuamugisha shared that the bus comes around 3:00pm daily and this was the only time that a staff member was not present to assist Resident A off the bus and let him into the home. Ms. Nyiuamugisha also denied any knowledge of Resident A waiting approximately 5 minutes daily before being assisted off the bus and into the home. Ms. Nyiuamugisha agreed to make sure a staff member is present daily to prevent a similar incident from occurring.

On 4/17/25, I spoke to the new home manager, Delicia Bonto via phone. Ms. Bonto stated that on the day in question, she left the home with staff and other residents to go to Walmart at approximately 1:15pm. Ms. Bonto stated that the bus for Resident A arrives at the home at 3:00pm. Therefore, Ms. Bonto believed that she had plenty of time to go to Walmart and return prior to Resident A arriving home. While on their way home from Walmart, Ms. Bonto shared that there was one lane traffic and she is unsure exactly what time they arrived back home, but she knows it was after 3pm. Prior to returning home, Ms. Bonto stated that she contacted her boss, Crystal Cunningham and informed her that she would be late. Ms. Bonto stated that she has text messages to prove this if needed. Per Ms. Bonto, Ms. Cunningham contacted Resident A's school and informed them that staff would be late to the home. Ms. Bonto stated that she believes that the school officials didn't notify Resident A's bus driver that she was running late, which led to this incident. Ms. Bonto stated that Resident A's school had contact information for the previous home manager instead of her. Ms. Bonto stated that she was surprised when she arrived home because she attempted to talk to the bus driver to confirm if she received the message from the school about being late. However, the bus driver took off before she could discuss this. In similar situations, Ms. Bonto stated that the bus driver would drop everyone else off first and circle back to drop Resident A off last if they knew in advance that staff would be late.

Ms. Bonto confirmed that traffic was backed up on both sides of the road when she arrived at the home. Ms. Bonto stated that the neighbors were trying to help the bus driver by knocking on the door but there was no one in the house. I explained to Ms. Bonto that regardless of what activities or community outings are occurring, a staff member needs to be home daily at 3:00pm to provide care/supervision for Resident A when he returns. Ms. Bonto confirmed her understanding of this.

I explained to Ms. Bonto that the complaint also mentioned that at least 3 times a week, the bus waits outside for approximately 5 minutes for a staff member to assist Resident A off the bus and into the home. Ms. Bonto denied any knowledge of this. Ms. Bonto stated that staff are usually looking out the window or standing in the garage in anticipation of Resident A's arrival. Moving forward, Ms. Bonto stated that she can give staff directives to be outside and readily available when Resident A

arrives home from school. Ms. Bonto was thanked for her time as this call concluded.

On 4/17/25, I spoke to executive director, Jordan Walch via phone and informed her of the allegations. Mrs. Walch stated she was unaware of this incident. I informed Mrs. Walch that due to Resident A being at the home for 14+ minutes without any staff, a licensing rule violation will be cited. Mrs. Walch was understanding and plans to follow-up with staff immediately to address this incident. Mrs. Walch is aware that a corrective action plan will be needed as a result of this citation.

On 5/6/25, I spoke to Sam Johnson, associate director for Spectrum Community Services and conducted the exit conference. Ms. Johnson stated that she had spoken to Crystal Cunningham regarding this incident, and she shared the text message conversation between she and Delicia Bonto. In the text message conversation, Ms. Bonto texted Crystal Cunningham at approximately 3:00pm stating that she was stuck in traffic and late to get home for Resident A. Ms. Bonto also told Ms. Cunningham that she was only 5 minutes away from the home. Ms. Cunningham contacted Resident A's school to inform them of this. Ms. Johnson stated that Ms. Bonto didn't arrive at the home for approximately 20 minutes. Ms. Johnson confirmed that had Ms. Cunningham knew Ms. Bonto would take longer than 5 minutes, she would have made her way to the home. Ms. Johnson was thanked for her time as this call concluded.

<b>APPLICABLE RULE</b>	
<b>R 400.14206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	Home manager, Delicia Bonto acknowledged that she was late returning home on 4/15/25, resulting in Resident A being home alone for 14+ minutes. Due to this, there is a preponderance of evidence to support this applicable rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend no changes to the current license status.

*Anthony Mullins*

05/13/2025

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Anthony Mullins  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

05/13/2025

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Jerry Hendrick  
Area Manager

Date