GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 2, 2025

Delissa Payne
Spectrum Community Services
1111 40th St. SE,
Grand Rapids, MI 49508

RE: License #: AS410316526
Investigation #: 2025A0579041
Alima Home AFC

Dear Delissa 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 was required. On 6/2/25, you submitted an acceptable written corrective action plan. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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,

Cassandra Duursma

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS410316526
Investigation #:	2025A0579041
Complaint Receipt Date:	05/23/2025
Investigation Initiation Date:	05/27/2025
Report Due Date:	07/22/2025
Licensee Name:	Spectrum Community Services
Licensee Address:	1111 40th St. SE, Grand Rapids, MI 49508
LicenseeTelephone #:	(734) 458-8729
Administrator:	Jordan Walch
Licensee Designee:	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
License Status:	REGULAR
Effective Date:	09/20/2024
Expiration Date:	09/19/2026
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A is not treated with dignity and his protection and safety were not attended to.	Yes

III. METHODOLOGY

05/23/2025	Special Investigation Intake 2025A0579041
05/27/2025	Special Investigation Initiated - Letter Complainant
05/27/2025	Contact - Document Received Jeannie Haff, ORR
05/29/2025	Contact- Face to Face Resident A, Resident B, Ben Winford (Direct Care Worker), and Joy Mutezinka (Direct Care Worker)
05/30/2025	Contact- Telephone call made Levis Musabwa, Direct Care Worker
05/29/2025	Exit Conference Delissa Payne, Licensee Designee Jordan Walch, Administrator

ALLEGATION: Resident A is not treated with dignity and his protection and safety were not attended to.

INVESTIGATION: On 05/23/25 this complaint was received and entered into the Bureau Information Tracking System. It was alleged Resident A was dropped from his bed by unknown second shift direct care workers who were turning Resident A when he fell to the floor. Resident A complained of leg pain and requested to go to the hospital but was denied. Resident A was eventually taken to the hospital on 5/20/25 and diagnosed with a broken leg. There is a language barrier between the two second shift direct care workers involved. They cannot communicate with Resident A effectively, and that may have led to the incident.

On 5/27/25, I received this referral for investigation. That same day I contacted the complainant to confirm receipt of the allegations. They responded that network180 Office of Recipient Rights (“ORR”) was investigating as well.

On 5/27/25, I contacted Jeannie Haff from network180 ORR. She reported she spoke to Guardian A, Resident A, and direct care worker ("DCW")/ home manager, Ben Winford. She stated the DCWs involved are Joyeuse Mutezinka and Levis Musabwa. She stated it was reported to her that Ms. Mutezinka and Mr. Musabwa do not speak English well, so she requested written statements from them.

On 5/29/25, I completed an unannounced on-site investigation at the home. Interviews were completed privately with Resident A, Resident B, Mr. Winford, and Ms. Mutezinka.

Resident A reported two second shift DCWs were toileting him. He stated their names are "Joy" and "Lolly." He stated he requested a "break" from the DCW holding him on his side, but he could not remember who it was. He stated the DCW did not give him a break and it caused him to fall off his bed and land on his leg. He stated his leg did not hurt until a "couple of days" later and even then, it did not feel like it was broken. He stated he was offered medication for pain by DCWs and Mr. Winford. He stated Mr. Winford monitored his leg and requested he go to the doctor or the hospital a few times, but he refused. He stated eventually he agreed that he would be seen by a doctor, and he was diagnosed with a broken leg.

Resident A said sometimes the DCWs involved in this incident do not understand him and it is frustrating for him. He stated sometimes they do not understand him when he asks for a drink or says he wants a break. He stated eventually he will get his drink, but they do not understand him right away. He stated he wishes Ms. Mutezinka and Mr. Musabwa would not work at the same time so there was one DCW in the home who better understands English. He stated he still feels his care needs are being met and he is not neglected, but he wishes Ms. Mutezinka and Mr. Musabwa understood him better.

Resident A denied concerns regarding the incident that led to his leg fracture, aside from that he wishes the DCW holding him would have given him a break from lying on his side like he requested. He reported he feels safe in this home and denied any additional concerns. Resident A's speech was hard to understand at times. I had to ask for him to repeat a few of his statements due to struggling to understand him.

Mr. Winford reported he was not present but was called immediately after the incident when Resident A fell from his bed. He stated what was reported to him was that Mr. Musabwa was on one side of Resident A's bed holding him on his side so that Ms. Mutezinka could toilet him. He stated Resident A often does not like to cooperate with toileting and will say he needs a break to get out of toileting. He stated Resident A was having this behavior as Ms. Mutezinka walked away to throw Resident A's soiled brief away. He stated the wheels on Resident A's bed were accidentally not locked so when Resident A attempted to roll off of his side, the bed moved, causing him to roll off the bed, and Mr. Musabwa attempted to stop him from falling but could not hold his whole body. He stated Mr. Musabwa and Ms. Mutezinka lowered Resident A fully to the ground, placed a Hoyer pad beneath him, and then

placed him back in the bed. He stated they called him and advised there was no visible injury, and he advised Resident A should be given his as-needed pain reliver. He stated he informed Resident A's physician and Guardian A and was advised if there was no visible injury, he did not need x-rays or emergency treatment. He stated there was never any visible injury, although Resident A typically has discoloration to his ankles and skin on his legs so that is not uncommon. He stated after nearly two weeks of Resident A occasionally complaining of leg pain, he requested Resident A seek medical treatment, it was agreed, and then Resident A was diagnosed with a fracture. He stated he has already implemented a corrective action plan with Ms. Mutezinka and Mr. Musabwa to ensure the wheels on Resident A's bed are locked when toileting Resident A.

Mr. Winford stated English is a second language for Mr. Musabwa and Ms. Mutezinka but he does not feel that was a factor in this incident or that it negatively impacts resident care or wellbeing. He stated three residents in the home are nonverbal and three residents are verbal. He stated all DCWs, including Mr. Musabwa and Ms. Mutezinka, have passed Limited English Proficiency training through ORR, although Mr. Musabwa has a more limited use of English. He stated they understand resident care needs such as requests for toileting, positioning, medications, food, or drinks but it is more uncommon requests they may have a challenge with. He stated Resident B is naturally a strong advocate for other residents in the home and often will communicate on behalf of other residents without being asked. He stated he has also advised DCWs if there is something they do not understand to call him to ask or call him to communicate with the residents on their behalf to ensure their needs are being met. He reported Ms. Mutezinka and Mr. Musabwa can be interviewed in English.

Ms. Mutezinka reported she does not speak English well. She stated she and Mr. Musabwa were toileting Resident A prior to his fall from his bed. She stated Mr. Musabwa was holding Resident A on his side so she could clean him, and he became upset stating he needed a break. He stated she was stepping away to throw his soiled brief away when Resident A began shaking his bed as he was moving and requesting a break. She stated due to the wheels on his bed not being locked, the bed began to move. She stated she rushed to the side of the bed Mr. Musabwa was on, but Resident A had partially fallen from the bed. She stated they lowered the rest of his body to the floor, placed a Hoyer pad beneath him, and then placed him back in bed. She stated Resident A did not have any visible injury and after calling Mr. Winford, they gave Resident A pain medication. She denied that Resident A requested medical treatment or that pain medication and was denied. Ms. Mutezinka reported she can understand resident needs and if she cannot, Resident B usually speaks on behalf of other residents in the home. She stated she can call Mr. Winford for assistance as well. She stated her limited use of English does not impact resident care in the home. Although she reported a limited use of English, I did not notice this while speaking to her. I was able to clearly understand Ms. Mutezinka throughout the interview and she appeared to understand me as well.

Resident B reported a former DCW did not understand English and that frustrated him. He stated he does not know the name of that person, but they no longer work in the home. He stated he wants Mr. Winford to ensure people he hires in the future better understand English, although he stated he does not want Mr. Winford to get in trouble. He stated he feels all DCWs who work in the home now, including Mr. Musabwa and Ms. Mutezinka, understand English enough to care for the residents in the home. He denied that resident care needs are not being met due to DCW limited English proficiency. He stated he also will help DCWs speak to Resident A and Resident C, and he does not mind, although he noted he does not get paid for this. He stated he does not regularly have to help DCWs speak to other residents or residents speak to DCWs, it is only occasionally when a unique request comes up, and not regarding routine tasks such as toileting, positioning, eating, or drinking. He stated he feels safe in this home and denied any additional concerns.

On 5/30/25, I completed a telephone interview with Mr. Musabwa. He confirmed the incident as reported by Ms. Mutezinka. He reported Resident A is often fearful when transferring and toileting which causes him to yell and cry out and move. He stated when Resident A was yelling out while he was holding him and Ms. Mutezinka was toileting him, Resident A caused the bed to move, and he attempted to hold Resident A up, but he could not. He stated Ms. Mutezinka assisted him with lowering Resident A to the ground. He stated he was not sure if the wheels on Resident A's bed were locked. He denied that Resident A asked for medication or to go to the hospital after the incident. He stated he immediately called Mr. Winford and gave Resident A his as-needed ibuprofen as Mr. Wiford advised. He reported he can communicate with residents and understand them. He stated he knows how to meet their care needs. There were two minor miscommunications between Mr. Musabwa that we clarified during our conversation. He was able to complete interviewing successfully.

On 5/30/25, I reviewed SIR #2025A0467038 dated 5/13/25 which found violation of R 400.14305(3) due to Resident C receiving sunburn while at a park when direct care workers did not provide him proper sun protection. A corrective action plan was approved on 5/13/25 noting Resident A's sunscreen was added as a prompt on the electronic medication administration record so direct care workers are aware they need to regularly reapply it prior to sun exposure.

On 6/2/25, I received and approved an acceptable plan of corrective action noting DCWs received additional training, and Mr. Winford will maintain compliance by ensuring all DCWs lock Resident A's bed wheels while toileting him.

APPLICABLE RULE	
R 400.14305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

ANALYSIS:	Ms. Mutezinka, Mr. Musabwa, and Mr. Winford reported Resident A often becomes upset when toileting. Ms. Mutezinka and Mr. Winford reported during this incident, Resident A's bed wheels were accidentally left unlocked leading to his bed moving and him falling off his bed. Mr. Musabwa reported he was not sure the wheels were locked. Resident A and Resident B reported frustration that direct care workers have or have limited use of English. They denied that a language barrier with direct care workers leads to their care needs not being met. Mr. Winford denied that a language barrier was involved in this incident and reported all direct care workers complete limited English proficiency. I was able to complete interviews with Ms. Mutezinka and Mr. Musabwa effectively. Based on the interviews completed, there is sufficient evidence Resident A's need for protection and safety were not attended to at all times when due to his bed wheels not being locked and he fell from his bed while toileting leading to a leg fracture.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED** SIR #2025A0467038: Intake-5/6/25, SIR-5/13/25, CAP-5/13/25

On 5/29/25, I completed an exit conference with Ms. Payne and Ms. Walch who did not dispute my findings or recommendations.

IV. RECOMMENDATION

I recommend the status of the license remain the same.

Cassandra Duursma 06/02/2025

Cassandra Duursma Date
Licensing Consultant

Approved By:

Jerry Hendrick 06/02/2025

Jerry Hendrick Date
Area Manager