GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 30, 2025

Donna McBride
Spectrum Community Services
185 E. Main St., Suite 700
Benton Harbor, MI 49022

RE: License #: AS810378886
Investigation #: 2025A0122016
Wharton Residence

Dear Mrs. McBride:

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 feel free to 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 (517) 284-9720.

Sincerely,

Vanita C. Bouldin, Licensing Consultant
Bureau of Community and Health Systems
22 Center Street
Ypsilanti, MI 48198
(734) 395-4037

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS810378886
Investigation #:	2025A0122016
Complaint Receipt Date:	01/29/2025
Investigation Initiation Date:	01/29/2025
Report Due Date:	02/28/2025
Licensee Name:	Spectrum Community Services
Licensee Address:	Suite 700 185 E. Main St Benton Harbor, MI 49022
Licensee Telephone #:	(734) 458-8729
Administrator:	Donna McBride
Licensee Designee:	Donna McBride
Name of Facility:	Wharton Residence
Facility Address:	543 Wharton Ypsilanti, MI 48197
Facility Telephone #:	(734) 458-8729
Original Issuance Date:	02/17/2016
License Status:	REGULAR
Effective Date:	08/17/2024
Expiration Date:	08/16/2026
Capacity:	3
Program Type:	DEVELOPMENTALLY DISABLED

II. ALLEGATION(S)

	Violation Established?
On 01/28/2025, staff Talia Tyler, left the residents unattended for an unknown amount of time.	Yes

III. METHODOLOGY

01/29/2025	Special Investigation Intake 2025A0122016
01/29/2025	Special Investigation Initiated - On Site
01/29/2025	APS Referral
01/29/2025	Contact – Telephone call made Staff member, Talia Tyler.
01/29/2025	Contact – Telephone calls made Completed interviews with Guardian B. Left voice messages for Guardian C and Resident A's Case Manager, Cheryl Brooks. Completed interview with staff member, Alana Smith.
01/30/2025	Contact – Telephone calls received Completed interviews with Guardian C and Case Manager, Cheryl Brooks.
01/30/2025	Exit Conference Discussed findings with licensee designee, Donna McBride.

ALLEGATION: On 01/28/2025, staff Talia Tyler, left the residents unattended for an unknown amount of time.

INVESTIGATION: On 01/28/2025, licensee designee, Donna McBride, reported that staff, Talia Tyler, left the residents unattended for an unknown amount of time.

On 01/29/2025, I completed an onsite inspection. I observed Residents A, B, and C, in the facility appropriately dressed, showing no signs of discomfort or distress. Resident A reported that she observed staff member, Talia Tyler, leave the facility,

as she was sitting in the facility living room. Resident A could not state how long Ms. Tyler was away from the facility Resident B stated she was sleeping and had no knowledge that staff, Talia Tyler, left the facility the evening of 01/28/2025. Resident C is diagnosed with a developmental disability, non-verbal, and therefore I was unable to complete an interview with her.

On 01/29/2025, I reviewed Resident A, B, and C's Individual Plan of Services dated 07/10/2024, 08/21/2024, and 11/05/2024 respectively. The plans document that the residents have developmental disabilities, require adult foster care group facility placements, with 24-hour supervision.

On 01/29/025, I contacted staff member, Talia Tyler, by telephone and requested an interview. Ms. Tyler refused to participate in an interview with me.

On 01/30/2025, I completed an interview with staff member, Alana Smith. Ms. Smith confirmed that she arrived at the facility on 01/28/2025 and the residents were left unattended as staff member, Talia Tyler was not present in the facility.

On 01/29/2025 and 01/30/2025, I conducted separate telephone interviews with Guardians B and C, and Resident A's case manager, Cheryl Brooks, who all confirmed they had been made aware of the incident in the home on 01/28/2025. All reported they felt the incident was handled appropriately and they had no issues or concerns with resident care.

On 01/30/2025, I completed an exit conference with licensee designee, Donna McBride and discussed my findings with her. Ms. McBride agreed with findings and stated she would submit a corrective action plan to address rule violation found in the investigation.

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:	Based upon my investigation, which consisted of multiple interviews with Resident A, facility staff members, case manager, Cheryl Brooks, and Guardians B and C and a review of documentation relevant to this investigation, there is sufficient evidence to substantiate the allegation that on 01/28/2025, staff member, Talia Tyler, left the residents unattended for an unknown amount of time. Thereby, the resident's protection and safety were not attended to on 01/28/2025.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

Contingent upon receipt and approval of a corrective action plan I recommend no change in the status of the license.

Vanita C. Bouldin — Date: 01/30/2025
Licensing Consultant

Approved By:

Ardra Hunter — Date: 01/30/2025
Area Manager