



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 17, 2025

Jordan Walch  
Spectrum Community Services  
Suite 700  
185 E. Main St  
Benton Harbor, MI 49022

RE: License #: AS410356636  
**Terrace Park Home**  
**5901 Terrace Park Dr. NE**  
**Rockford, MI 49341**

Dear Jordan Walch:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your AFC license and special certification are 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 (517) 335-5985.

Sincerely,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
[browningj1@michigan.gov](mailto:browningj1@michigan.gov) - 989-444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AS410356636

**Licensee Name:** Spectrum Community Services

**Licensee Address:** Suite 700  
185 E. Main St  
Benton Harbor, MI 49022

**Licensee Telephone #:** (734) 458-8729

**Licensee Designee:** Jordan Walch

**Administrator:** Jordan Walch

**Name of Facility:** Terrace Park Home

**Facility Address:** 5901 Terrace Park Dr. NE  
Rockford, MI 49341

**Facility Telephone #:** (616) 884-5788

**Original Issuance Date:** 03/12/2014

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/17/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 06/16/2025

No. of staff interviewed and/or observed	2
No. of residents interviewed and/or observed	5
No. of others interviewed	Role:

- 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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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.  
NA
- 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**

The facility is in compliance with all applicable rules and statutes.

### **IV. RECOMMENDATION**

I recommend issuance of a regular license and special certification to this AFC adult small group home (capacity 6).

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

10/17/2025

Date