



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 6, 2019

Kimberly O'Neal  
Spectrum Community Services  
332 First St  
Manistee, MI 49660

RE: License #: AS630397220  
Davisburg Home  
11914 Davisburg Road  
Davisburg, MI 48350

Dear Mrs. O'Neal:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations 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 each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates 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 licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS630397220  |
| <b>Licensee Name:</b>          | Spectrum Community Services  |
| <b>Licensee Address:</b>       | 28303 Joy Rd.<br>Westland, MI 48185  |
| <b>Licensee Telephone #:</b>   | (734) 458-8729   |
| <b>Licensee Designee:</b>      | Kimberly O'Neal  |
| <b>Name of Facility:</b>       | Davisburg Home   |
| <b>Facility Address:</b>       | 11914 Davisburg Road<br>Davisburg, MI 48350                                |
| <b>Facility Telephone #:</b>   | (734) 458-8729   |
| <b>Original Issuance Date:</b> | 06/06/2019   |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/05/2019

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 03/11/19

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed 2 Role: [REDACTED]

- 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.
- 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.
- 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

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

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| <p><b>MCL 400.734b</b></p> | <p><b>Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.</b></p>  |
|                            | <p>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</p> |

Staff were fingerprinted through the Michigan Workforce Background Check system under the previous corporation. Spectrum Community Services has not linked the staff to the current license in the Michigan Workforce Background Check system after taking over the homes.

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| <b>R 400.14208</b> | <b>Direct care staff and employee records.</b>   |
|                    | (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:<br>(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents. |

During the onsite inspection, the employee file for Ladeju Brown did not contain a copy of her driver's license.

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| <b>R 400.14208</b> | <b>Direct care staff and employee records.</b>   |
|                    | (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:<br>(f) Verification of reference checks. |

During the onsite inspection, the employee file for Ladeju Brown did not contain verification of two reference checks.

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| <b>R 400.14301</b> | <b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>   |
|                    | (6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:<br>(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.<br>(b) A description of services to be provided and the fee for the service.<br>(c) A description of additional costs in addition to the basic fee that is charged.<br>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost. |

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|  | <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p> |
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During the onsite inspection, the resident care agreement forms for Resident A and Resident B were not filled out completely and did not contain all of the required information.

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| <b>R 400.14306</b> | <b>Use of assistive devices.</b>   |
|                    | (2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee. |

During the onsite inspection, Resident A's assessment plan indicated that she only uses a wheelchair for long distances as needed; however, Resident A uses her wheelchair on a consistent basis.

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| <b>R 400.14310</b> | <b>Resident health care.</b>  |
|                    | (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. |

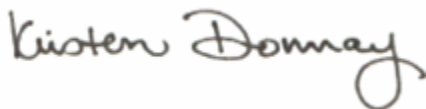
During the onsite inspection, Resident B's weight was not recorded for August or November 2019.

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| <b>R 400.14312</b> | <b>Resident medications.</b>  |
|                    | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:<br>(b) Complete an individual medication log that contains all of the following information:<br>(i) The medication.<br>(ii) The dosage.<br>(iii) Label instructions for use.<br>(iv) Time to be administered.<br>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.<br>(vi) A resident's refusal to accept prescribed medication or procedures. |

Resident B's November 2019 medication log was not initialed for the 8:00am dose of Fluticasone 50mcg on 11/19. Resident B's September 2019 medication log was not initialed for the 2:00pm dose of Azelastine on 9/12.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



12/06/19

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Kristen Donnay  
Licensing Consultant

Date