



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 23, 2021

David Powell
Spectrum Community Services
28303 Joy Rd.
Westland, MI 48185

RE: License #: AS630397225
Sunningdale Home
6488 Sunningdale Drive
Bloomfield Hills, MI 48301

Dear Mr. Powell:

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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 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 black ink on a white background.

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

License #:	AS630397225
Licensee Name:	Spectrum Community Services
Licensee Address:	28303 Joy Rd. Westland, MI 48185
Licensee Telephone #:	(734) 445-8872
Licensee Designee:	David Powell
Administrator:	Kimberly Martin
Name of Facility:	Sunningdale Home
Facility Address:	6488 Sunningdale Drive Bloomfield Hills, MI 48301
Facility Telephone #:	(248) 855-5137
Original Issuance Date:	06/18/2019
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/10/2021

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 6
No. of others interviewed 1 Role: Licensee Designee

- 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:

R 330.1803	Facility environment; fire safety.
	(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

During the period under review, a fire drill was not conducted during sleeping hours for July-September 2021.

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

During the onsite inspection, the employee files for Christine Johnson and Lisa Newmarch did not include verification of an annual health review for 2020.

R 400.14306	Use of assistive devices.
	(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, I observed that Resident A's bed had full wooden rails that attached to the sides of the bed. The rails had a large gap between the slats, which could pose an entrapment hazard. Resident A's individual plan of service (IPOS) did not specify the use of bed rails. I observed that Resident B had bedrails on his bed that were not in use. The home manager indicated that Resident B no longer requires the use of bedrails, but they had not been removed from his bed.

R 400.14306	Use of assistive devices.
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection, there was no physician authorization on file for Resident A's wheelchair that is used for long distances.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14310	Resident health care.
	(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, there were no weight records on file for 2020. The only weights on file for Resident A and Resident B were for June-October 2021.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, Resident A's Benzoyl Peroxide 5% gel- apply 2 times daily and Clindamycin 1% sol- apply 2 times daily were not being given pursuant to label instructions, as the medications had not been refilled and were not in the home. There was no order on file to discontinue the medications.

R 400.14312	Resident medications.
	(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: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection, I observed that staff initialed Resident A's medication log indicating that they administered Resident A's Benzoyl Peroxide and Clindamycin from 11/01/21-11/10/21, but the medication was not in the home. It is unknown when Resident A ran out of the medications, as there was no indication in the file and staff were initialing for a medication that was not given.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14312	Resident medications.
	(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: (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

Staff did not record a reason for each administration of Resident B's PRNs for Ammonium Lactate 12% and Hydrocortisone 2.5% cream.

REPEAT VIOLATION ESTABLISHED: Renewal Licensing Study Report dated: 12/13/2019; CAP dated: 12/23/19.

R 400.14312	Resident medications.
	(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: (d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the resident's prescribing physician, the resident or his or her designated representative, and the responsible agency.

During a review of Resident B's medication logs, I noted that Resident B received his PRN for Ammonium Lactate 12% every day in August, September, and October 2021. There was no documentation on file showing that a review process was initiated due to the prolonged use of this PRN.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the period under review, a fire drill was not conducted during sleeping hours for July-September 2021.

R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection, I observed:

- The flooring in the kitchen, hallway, and living room area was damaged.
- The finish in the bathtub was worn off and the tile was stained.
- The vent in the bathroom was taped to the wall with duct tape.
- The doorknob on Resident C's closet door was broken.

R 400.14403	Maintenance of premises.
	(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

During the onsite inspection, I observed that the bathtub faucet was leaking.

R 400.14507	Means of egress generally.
	(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.


During the onsite inspection, the front door had a deadbolt and was not equipped with a non-locking against egress lock.

R 400.14509	Means of egress; wheelchairs.
	(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

During the onsite inspection, the home only had one ramp that was accessible to the residents using wheelchairs.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

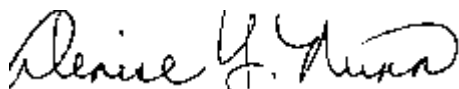


11/15/2021

Kristen Donnay
Licensing Consultant

Date

Approved by:



11/23/2021

Denise Y. Nunn
Area Manager

Date: