



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 14, 2022

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

RE: License #: AS410316519  
Madison Home AFC  
5993 Madison Avenue  
Kentwood, MI 49548

Dear Mrs. Payne:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your 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 (616) 356-0183.

Sincerely,

*Megan Aukerman, MSW*

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS410316519
<b>Licensee Name:</b>	Spectrum Community Services
<b>Licensee Address:</b>	1111 40 <sup>th</sup> St. SE Grand Rapids, MI 49508
<b>Licensee Telephone #:</b>	(616) 241-6258
<b>Licensee/Licensee Designee:</b>	Delissa Payne
<b>Administrator:</b>	Delissa Payne
<b>Name of Facility:</b>	Madison Home AFC
<b>Facility Address:</b>	5993 Madison Avenue Kentwood, MI 49548
<b>Facility Telephone #:</b>	(616) 827-9060
<b>Original Issuance Date:</b>	03/20/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/13/2022

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 3

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] 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.  
Reviewed as received.
- 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

On 09/13/2022, an onsite inspection was completed at the facility. An exit conference was conducted, and the facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

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



09/14/2022

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Megan Aukerman  
Licensing Consultant

Date