



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 30, 2023

Janet Difazio  
Spectrum Community Services  
185 E. Main St  
Suite 700  
Benton Harbor, MI 49022

RE: License #: AS630397223  
Groveland Home  
9921 Walnut Hill Drive  
Davisburg, MI 48350

Dear Janet Difazio:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan, you have submitted documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
(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>	AS630397223
<b>Licensee Name:</b>	Spectrum Community Services
<b>Licensee Address:</b>	185 E. Main St Suite 700 Benton Harbor, MI 49022
<b>Licensee Telephone #:</b>	(231) 887-4130
<b>Licensee Designee:</b>	Janet Difazio
<b>Name of Facility:</b>	Groveland Home
<b>Facility Address:</b>	9921 Walnut Hill Drive Davisburg, MI 48350
<b>Facility Telephone #:</b>	(248) 634-1297
<b>Original Issuance Date:</b>	06/06/2019
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/28/2023

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

Date of Health Authority Inspection if applicable: 11/30/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

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:

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <p style="padding-left: 40px;">(b) Complete an individual medication log that contains all of the following information:</p> <p style="padding-left: 80px;">(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p>

During the onsite inspection, I reviewed the medications and medication administration records for Resident J and Resident M. I noted the following:

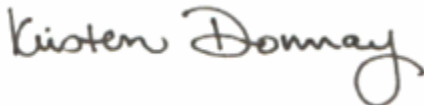
- 8:00pm medications were not initialed for Resident J or Resident M on 08/21/23.
- Resident M’s 4:00pm and 6:00pm medications were not initialed on 10/07/23.
- Resident M’s 6:00pm polyethylene glycol was not initialed on 8/1/23, 8/5/23, 8/10/23, 8/11/23, 8/12/23, 8/22/23, and 9/30/23.

**REPEAT VIOLATION ESTABLISHED: Reference Renewal Licensing Study Report Dated: 11/04/2021; CAP Dated: 11/15/2021**

A corrective action plan was requested and approved on 11/28/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

**IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



11/30/2023

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Kristen Donnay  
Licensing Consultant

Date