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GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

December 18, 2023

Delissa Payne Spectrum Community Services Suite 700 185 E. Main St Benton Harbor, MI 49022

> RE: License #: AS410356636 Investigation #: 2024A0467010

> > Terrace Park Home

Dear Mrs. Payne:

Attached is the Special Investigation Report for the above referenced facility. Due to the violation identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific time frames for the 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please 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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

Anthony Mullins, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor

350 Ottawa, N.W.

Grand Rapids, MI 49503

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enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS410356636
Investigation #:	2024A0467010
mvestigation #.	2024/0407010
Complaint Receipt Date:	11/22/2023
Investigation Initiation Date	44/02/2002
Investigation Initiation Date:	11/22/2023
Report Due Date:	01/21/2024
Licensee Name:	Spectrum Community Services
Licensee Address:	Suite 700
	185 E. Main St
	Benton Harbor, MI 49022
Lisanosa Talanhana #	(004) 007 4400
Licensee Telephone #:	(231) 887-4130
Administrator:	Delissa Payne
Licensee Designee:	Delissa Payne
Name of Facility:	Terrace Park Home
rame or racinty.	Terrace Fair Florine
Facility Address:	5901 Terrace Park Dr. NE
	Rockford, MI 49341
Facility Telephone #:	(616) 884-5788
radinty receptione ii.	(010) 004 0700
Original Issuance Date:	03/12/2014
License Otetus	DECLUAD
License Status:	REGULAR
Effective Date:	10/24/2023
Expiration Date:	10/23/2025
Capacity:	6
Cupacity.	
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

II. ALLEGATION(S)

Violation Established?

AFC staff member Melissa Stewart withdrew \$480 from Resident	Yes
A's bank account for her own personal use.	

III. METHODOLOGY

11/22/2023	Special Investigation Intake 2024A0467010
11/22/2023	Special Investigation Initiated - On Site
11/22/2023	APS Referral Complaint received from Kent County APS
12/18/2023	Exit conference completed with licensee designee, Delissa Payne

ALLEGATION: AFC staff member Melissa Stewart withdrew \$480 from Resident A's bank account for her own personal use.

INVESTIGATION: On 11/22/23, I received a BCAL online complaint stating that former AFC program manager, Melissa Stewart was responsible for Resident A's funds. During an audit, it was determined that Ms. Stewart withdrew \$480 from Resident A's account and she did not spend the money on him. Ms. Stewart reportedly terminated her employment with the AFC prior to the financial audit. The licensee reportedly reimbursed Resident A's money back into his bank account.

On 11/22/23, I made an unannounced onsite investigation at the facility. Upon arrival, staff allowed entry into the home. Present in the home was Resident A's mother and she confirmed that she was made aware of the allegation regarding her son's personal account yesterday. Resident A's mother also confirmed that her son's bank account has been reimbursed.

After speaking to Resident A's mother, I spoke to AFC staff member, Heather Reamon regarding the allegation. Ms. Reamon confirmed that former AFC manager, Melissa Stewart took \$480 from Resident A's bank account. Ms. Reamon stated that Ms. Stewart resigned from her position on or around October 8th and none of the money was located at the AFC home. Ms. Reamon stated that Resident A's account has been reimbursed and she showed receipts to confirm this. Ms. Reamon also stated that licensee designee, Delissa Payne is aware of the incident and addressing it with the former staff member. Ms. Reamon stated that if Ms. Stewart didn't quit, she likely would have been terminated because of this incident. Ms. Reamon stated that if it is determined that Ms. Stewart took additional money from Resident A, Spectrum Community Services will replace it.

On 12/18/23, I conducted an exit conference with licensee designee, Delissa Payne. She was informed of the investigative findings and agreed to complete a corrective action plan within 15 days of receipt of this report.

APPLICABLE RULE		
R 400.14315	Handling of resident funds and valuables.	
	(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.	

ANALYSIS:	Ms. Reamon confirmed that former AFC staff member, Melissa Stewart took \$480 from Resident A's personal account. Spectrum Community Services has since replaced the funds. Ms. Stewart terminated her employment prior to this incident being discovered. Based on the information provided, there is a preponderance of evidence to support the allegation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change to the current license status.

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Mounday Commen	12/18/2023
Anthony Mullins Licensing Consultant	Date
Approved By:	
0 0	12/18/2023
Jerry Hendrick Area Manager	Date