



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 7, 2024

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

RE: License #: AS630397254  
Leidich Home  
1087 Leidich  
Lake Orion, MI 48362

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 are to submit documentation of compliance or
- You are to submit a Statement of Correction.

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>	AS630397254
<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>	(734) 458-8729
<b>Licensee Designee:</b>	Janet Difazio
<b>Name of Facility:</b>	Leidich Home
<b>Facility Address:</b>	1087 Leidich Lake Orion, MI 48362
<b>Facility Telephone #:</b>	(248) 693-4957
<b>Original Issuance Date:</b>	06/18/2019
<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): 06/05/2024

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

Date of Health Authority Inspection if applicable: 03/11/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: Lic. Desig./Dir.

- 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.  
Inspection did not occur during meal time
- 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 330.1803</b>	<b>Facility environment; fire safety.</b>
	(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.

A fire drill was not conducted during daytime hours for January-March 2023. The fire drill documentation for April and May 2023 was copied with only the dates being changed. It could not be determined if fire drills were conducted for these months.

<b>R 400.14205</b>	<b>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</b>
	(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.

The annual health review for Yvonne Cox was due in January 2023, but was not completed until August 2023.

<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: (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.

Staff were not consistently documenting when medications were not passed due to the medications not being available in the home. Staff initialed Resident A's medication administration record (MAR) indicating that Sucralfate Sus 1gm/10ml and Polyeth. Glycol. Powder were administered on several occasions when the medications were not available in the home due to issues with getting the prescriptions filled.

<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: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.

A review of Resident A's medication administration records showed that Resident A's Polyeth. Glycol Powder was not available in the home from February-March 2024. Resident A's Sucralfate Sus 1gm/10ml was not available in the home in June 2024. Staff indicated that there were issues getting the medications refilled by the pharmacy. There was no documentation on file showing that the pharmacy or physician were contacted regarding the missing medication.

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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.

A fire drill was not conducted during daytime hours for January-March 2023. The fire drill documentation for April and May 2023 was copied with only the dates being changed. It could not be determined if fire drills were conducted for these months.

<b>R 400.14408</b>	<b>Bedrooms generally.</b>
	(7) Bedrooms shall have at least 1 easily openable window.

During the onsite inspection, Resident B's bedroom window was off track and was not able to be opened easily.

A corrective action plan was requested and approved on 06/05/2024. 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.



06/07/2024

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Kristen Donnay  
Licensing Consultant

Date