



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 9, 2024

Donna McBride  
Spectrum Community Services  
Suite 700  
185 E. Main St  
Benton Harbor, MI 49022

RE: License #: AS810069455  
**Maywood Residence**  
**511 Maywood**  
**Chelsea, MI 48118**

Dear Mrs. McBride:

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 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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant  
Bureau of Community and Health Systems  
(734) 417-4277

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS810069455
<b>Licensee Name:</b>	Spectrum Community Services
<b>Licensee Address:</b>	Suite 700 185 E. Main St Benton Harbor, MI 49022
<b>Licensee Telephone #:</b>	(734) 458-8729
<b>Licensee/Licensee Designee:</b>	Donna McBride, Designee
<b>Administrator:</b>	
<b>Name of Facility:</b>	Maywood Residence
<b>Facility Address:</b>	511 Maywood Chelsea, MI 48118
<b>Facility Telephone #:</b>	(734) 475-8758
<b>Original Issuance Date:</b>	03/01/1996
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2024

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

No. of others interviewed Role:

- 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 determined to be in substantial compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

A handwritten signature in blue ink, reading "Jeffrey J. Bozick".

Date: 10/9/2024

Licensing Consultant