



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 28, 2017

Julie Cooley  
Central State Community Services, Inc.  
Suite 201  
2603 W Wackerly Rd  
Midland, MI 48640

RE: Application #: AS500385425  
Morowske Home  
51026 Morowske  
Shelby Twp, MI 48316

Dear Ms. Cooley:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500385425
<b>Applicant Name:</b>	Central State Community Services, Inc.
<b>Applicant Address:</b>	Suite 201 2603 W Wackerly Rd Midland, MI 48640
<b>Applicant Telephone #:</b>	(989) 631-6691
<b>Administrator/Licensee Designee:</b>	Julie Cooley
<b>Name of Facility:</b>	Morowske Home
<b>Facility Address:</b>	51026 Morowske Shelby Twp, MI 48316
<b>Facility Telephone #:</b>	(586) 323-4159
<b>Application Date:</b>	10/11/2016
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL PHYSICALLY HANDICAPPED

## II. METHODOLOGY

10/11/2016	Enrollment Received in Lansing 10/31/16
11/02/2016	Contact - Document Sent Rule & Act booklets
11/07/2016	Contact - Document Received Licensing file received from Central office
11/15/2016	Application Incomplete Letter Sent
11/16/2016	Contact - Document Received Email from Julie Cooley
11/30/2016	Contact - Document Received Received email from Julie Cooley. Right to occupy and permission to inspect documentation.
12/21/2016	Contact - Document Sent Email to Julie Cooley re: onsite inspection
02/07/2017	Inspection Completed On-site
03/01/2017	Contact- Document Sent Email to Julie Cooley
03/03/2017	Contact- Document Sent Email to Julie Cooley
03/06/2017	Contact- Document Received Received email from Julie Cooley. Received copy of admission policy, discharge policy, refund policy, job descriptions, quality assurance/quality improvement manual, designated person letter and training record.
03/07/2017	Contact- Document Sent Email to and from Julie Cooley. Received copy of water temperature log, staffing pattern.
03/30/2017	Contact- Document Sent Email to Julie Cooley
06/21/2017	Contact- Document Sent Email to Julie Cooley and Eva Hemphill re: water temperature

06/22/2017	Contact- Document Sent Email to and from Eva Hemphill. Received copy of water temperature chart
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### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the license of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1924.

#### A. Physical Description of Facility

The Morowske Home is a one story home located in a residential area in Shelby Township, MI. The Morowske Home is a small group home currently licensed for six (6) residents. The current licensee for the home is Inter-Disciplinary Advantage Inc. (AS500073924). The original license date for the home is 05/06/1997. Central State Community Services, Inc. has applied to become the new licensee for the Morowske home.

The Morowske Home has three bedrooms, kitchen, dining area with table and six chairs, laundry room, family room and two office areas. The family room and dining room offer a total of 617 square feet of living space which meets the required 35 square feet of living space for six residents.

The three bedrooms in the home are sized as follows:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'2" x 13'	145	2
2	13' x 11'	143	2
3	17'3" x 12'	207	2

**Total capacity: 6**

All three bedrooms have adequate space, bedding and storage. All of the bedrooms have a chair and a mirror. During the onsite inspection, I observed that the home was found to be in substantial compliance with rules pertaining to maintenance and sanitation.

The home has a hard wired smoke detection system with battery backup. There are fire extinguishers in the kitchen, basement and garage. The smoke detection system and fire extinguishers were inspected by Cintas on 03/02/2016. The home has city water and sewer.

Medications are kept in a locked cabinet in the home. There are alarms on egress doors that chime when opened. Emergency procedures are posted in the home. The bedroom

and bathroom doors are equipped with non-locking against egress hardware. During the onsite inspection the water temperature measured over 120 degrees Fahrenheit. The home has provided daily water temperature logs and the temperature is now between 105 and 120 degrees Fahrenheit.

## **B. Program Description**

The program statement indicates that Central State Community Services, Inc. provides programs for the individuals served who are aged, developmentally disabled, mentally ill or physically handicapped. The home currently has a special certification. At a minimum, basic self-care and habilitation, plus transportation will be provided. Transportation will be provided by automobile or public transportation as necessary, 24 hours per day. Medical services are provided at least annually and as necessary on a daily basis via contractual agreements with community physicians. Pharmaceuticals are to be provided via contract with a community pharmacist. The home is wheel chair accessible.

The home will provide 24 hour care and supervision for residents. The staffing schedule for the home is as follows: AM shift - 2 staff to 6 residents, PM shift - 2 staff to 6 residents, and Midnight shift - 1 staff to 6 residents.

Social education and recreational opportunities are available through utilization of community facilities such as libraries, theaters, museums and parks.

Julie Cooley will continue as the licensee designee for the home under Central State Community Services, Inc. Ms. Cooley is qualified as a licensee designee. Dana Marshall will act as the Administrator for the home. Ms. Marshall is qualified as an Administrator. Ms. Cooley provided a copy of the lease agreement for the home and permission from the home owner for inspection.

## **C. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

## **IV. RECOMMENDATION**

I recommend that the department issue a temporary license to this small group adult foster care home, Morowske Home, with a capacity of six (6) residents.

The temporary license shall be in effect for a six month period. Another licensing renewal will be conducted after six months.

*Kristine Cilluffo*

07/28/2017

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Kristine Cilluffo  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

07/28/2017

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Denise Y. Nunn  
Area Manager

Date