



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 16, 2020

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

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

Dear Mrs. Ott:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 "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

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

I. IDENTIFYING INFORMATION

License #:	AS500385425
Licensee Name:	Central State Community Services, Inc.
Licensee Address:	Suite 201 2603 W Wackerly Rd Midland, MI 48640
Licensee Telephone #:	(989) 631-6691
Licensee/Licensee Designee:	Paula Ott
Administrator:	Dana Marshall
Name of Facility:	Morowske Home
Facility Address:	51026 Morowske Shelby Twp, MI 48316
Facility Telephone #:	(586) 323-4159
Original Issuance Date:	07/28/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/15/2020

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

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
Completed worksheet renewal inspection.
- 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:
CAP Date: 02/23/2018- AS403(1), AS316(1), AS301(8), AS301(10), AS310(3),
AS313(3), AS315(5) 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:

R 400.14312	Resident medications.
	<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>(b) Complete an individual medication log that contains all of the following information:</p> <p>(i) The medication.</p> <p>(ii) The dosage.</p> <p>(iii) Label instructions for use.</p> <p>(iv) Time to be administered.</p> <p>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</p> <p>(vi) A resident's refusal to accept prescribed medication or procedures.</p>
<p>Resident B's medication log was missing staff initials on 06/23/2019 and 09/30/2019. Resident C's medication long was missing staff initials on 06/27/2019 and 07/28/2019.</p>	
R 400.14313	Resident nutrition.
	<p>(5) Records of menus, including special diets, as served shall be provided upon request by the department.</p>
<p>The home did not have record of menus for Resident A's low fat/low salt diet or Resident B's 1800 calorie ADA diet, low salt/low cholesterol.</p> <p>REPEAT VIOLATION ESTABLISHED. LSR dated 02/05/2018, CAP dated 02/23/2018</p>	
R 400.14315	Handling of resident funds and valuables.
	<p>(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.</p>

Resident B's Funds Part 1 form indicated that licensee managed his cash, however, Funds Part 2 did not list any transactions or funds. Home indicated that licensee does not manage funds for Resident B.	
R 400.14403	Maintenance of premises.
	(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.
During the onsite inspection, I observed broken and uneven concrete at the front entrance of home that presented a potential trip hazard.	
R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.
During the onsite inspection, I observed that the bathrooms did not have non-locking-against-egress hardware.	
R 400.14408	Bedrooms generally.
	(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.
During the onsite inspection, I observed that the bedrooms did not have non-locking-against-egress hardware.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kristine Cilluffo

01/16/2020

Date

Licensing Consultant