



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 25, 2023

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

RE: License #: AS630405663
Seymour Home
241 Cheltenham
Oxford, MI 48371

Dear Ms. Barnes:

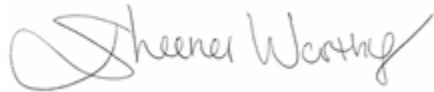
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with a large initial 'S'.

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
Suite 9-100
3026 W Grand Blvd
Detroit, MI 48202

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

I. IDENTIFYING INFORMATION

License#:	AS630405663
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 Barnes
Administrator:	Dezhanae Bennett
Name of Facility:	Seymour Home
Facility Address:	241 Cheltenham Oxford, MI 48371
Facility Telephone #:	(248) 572-6040
Original Issuance Date:	03/04/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/22/2023

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

Date of Health Authority Inspection if applicable: 05/16/23

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] Role: [redacted]

- 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. Resident funds part II regarding cash was observed but AFC payments were not provided for review.
- 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. E-scores were not provided for review.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
SIR #2023A0611005 dated 12/01/22; CAP approved 01/05/23; 312(4)(b), 312(4)(c), 312(4)(e), 301(9), 305(3), 312(2)
- SIR #2022A0612015 dated 09/13/22; CAP approved 10/17/22; 303(2), 305(3)
- SIR #2022A0465032 dated 06/10/22; CAP approved 08/26/22; 313(3)
- SIR #2022A0605012 dated 11/22/21; CAP approved 01/25/22; 206(2), 303(2)
- SIR #2021A0993022 dated 04/27/21; CAP approved 07/21/21; 305(3), 312(2), 312(4)(b)
- LSR dated 09/01/21; CAP approved 09/03/21; 803(5), 806(2), 301(6), 301(10), 301(4), 306(2), 310(3), 315(8), 312(2), 318(5), 208(1)(f), 205(3), 205(5), 204(3), 313(4), 312(4)(b) 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 330.1803 Facility environment; fire safety.

(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

An annual inspection was not provided for 2021 or 2022.

R 330.1803 Facility environment; fire safety.

(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.

There was only two fire drills provided for review for 2021. The fire drills provided for 2021 was 12/16/21 at 1:00am and 10/15/21 at 7:30pm. The duration for the fire drill completed on 12/16/21 was 15 minutes. The duration for the fire drill completed on 10/15/21 was 8 minutes.

There was only three fire drills provided for review for 2022. The fire drills provided for 2022 was 02/06/22 at 5:00pm, 02/10/22 at 12:00am, and 09/04/22 at 12:30am. The duration for both fire drills completed in February was 5 minutes.

R 330.1803 Facility environment; fire safety.

(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.

There were no E-scores completed for 2021 or 2022.

REPEAT VIOLATION ESTABLISHED: LSR dated 09/01/21; CAP approved 09/03/21

R 400.14203 Licensee and administrator training requirements.

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

The licensee designee Paula Barnes did not complete 16 hours of training in 2021.

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

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee Paula Barnes did not complete an annual physical for 2021 or 2022.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident B did not receive an annual physical for 2021.

REPEAT VIOLATION ESTABLISHED: LSR dated 09/01/21; CAP approved 09/03/21

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

An assessment plan for 2021 and 2022 was not completed for Resident A or Resident B.

REPEAT VIOLATION ESTABLISHED: LSR dated 09/01/21; CAP approved 09/03/21

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

An annual resident care agreement was not completed in 2021 or 2022 for Resident A. Resident B's resident care agreement for 2022 was not signed by his guardian.

REPEAT VIOLATION ESTABLISHED: SIR# 2023A0611005 dated 12/01/22; CAP approved 01/05/23

R 400.14306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

Resident A was discharged on 05/29/23. However, Resident A's hoist lift, wheelchair, and shower chair was observed in the home. There were additional wheelchairs observed in the basement for residents that no longer live in the home. Bed rails were also observed in a closet that does not belong to any of the current residents.

R 400.14310 Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

A weight record for Resident A and Resident B was not provided for review.

REPEAT VIOLATION ESTABLISHED: LSR dated 09/01/21; CAP approved 09/03/21

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident B is prescribed Buspirone 10mg at 8:00am, 4:00pm, and 8:00pm daily. The 4:00pm and 8:00pm pills for 08/22/23 were missing during the onsite. There was no explanation given as to why there were missing pills.

**REPEAT VIOLATIONS ESTABLISHED:
LSR dated 09/01/21; CAP approved 09/03/21
SIR# 2023A0611005 dated 12/01/22; CAP approved 01/05/23
SIR# 2021A0993022 dated 04/27/21; CAP approved 07/21/21**

R 400.14312 Resident medications.

(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.

During the onsite, Resident B's MAR was missing staff initials for all of his morning medications for 08/22/23.

REPEAT VIOLATIONS ESTABLISHED:

LSR dated 09/01/21; CAP approved 09/03/21

SIR #2021A0993022 dated 04/27/21; CAP approved 07/21/21

SIR #2023A0611005 dated 12/01/22; CAP approved 01/05/23

R 400.14315 Handling of resident funds and valuables.

(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.

The funds part II regarding AFC payments were not provided for review for 2021 or 2022.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(i) Name.

(ii) Social security number, date of birth, case number, and marital status.

(iii) Former address.

(iv) Name, address, and telephone number of the next of kin or the designated representative.

(v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.

(vi) Name, address, and telephone number of the preferred physician and hospital.

(vii) Medical insurance.

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

(b) Date of admission.

(c) Date of discharge and the place to which the resident was discharged.

(d) Health care information, including all of the following:

(i) Health care appraisals.

- (ii) Medication logs.
- (iii) Statements and instructions for supervising prescribed medication, including dietary supplements and individual special medical procedures.
- (iv) A record of physician contacts.
- (v) Instructions for emergency care and advanced medical directives.
- (e) Resident care agreement.
- (f) Assessment plan.
- (g) Weight record.
- (h) Incident reports and accident records.
- (i) Resident funds and valuables record and resident refund agreement.
- (j) Resident grievances and complaints.

Resident A's identification record did not have her discharge date documented. Resident B does not have an identification record completed for this AFC group home.

R 400.14316 Resident records.

- (1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:
 - (i) Resident funds and valuables record and resident refund agreement.

A Funds Part I was not provided for review for Resident A and Resident B.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

- (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.

There was only two fire drills provided for review for 2021. The fire drills provided for 2021 was 12/16/21 at 1:00am and 10/15/21 at 7:30pm. The duration for the fire drill completed on 12/16/21 was 15 minutes. The duration for the fire drill completed on 10/15/21 was 8 minutes.

There was only three fire drills provided for review for 2022. The fire drills provided for 2022 was 02/06/22 at 5:00pm, 02/10/22 at 12:00am, and 09/04/22 at 12:30am. The duration for both fire drills completed in February was 5 minutes.

REPEAT VIOLATION ESTABLISHED: LSR dated 09/01/21; CAP approved 09/03/21

R 400.14401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

Resident C's bedroom window was missing a screen.

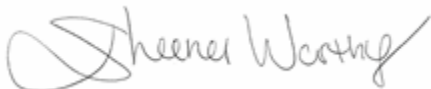
R 400.14410 Bedroom furnishings.

(2) A resident bedroom shall be equipped with a mirror that is appropriate for grooming.

Resident C's bedroom was missing a mirror.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



Sheena Worthy
Licensing Consultant

08/23/23
Date

Approved by:



Denise Y. Nunn
Area Manager

08/25/2023n
Date