



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 30, 2023

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

RE: License #: AS630407345
Waterview Home
121 Waterview
Lake Orion, MI 48362
AMENDED REPORT
Original Report date: November 3, 2023

Dear Ms. Barnes:

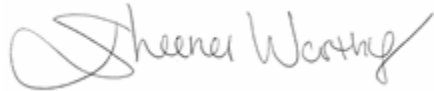
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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 grey ink that reads "Sheena Worthy". The signature is fluid and cursive, with the first name "Sheena" written in a larger, more prominent script than the last name "Worthy".

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

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

I. IDENTIFYING INFORMATION

License #:	AS630407345
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 (prior to 10/24/23)
Name of Facility:	Waterview Home
Facility Address:	121 Waterview Lake Orion, MI 48362
Facility Telephone #:	(248) 690-9280
Original Issuance Date:	05/18/2021
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/26/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 1

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.
- Meal preparation / service observed? Yes No If no, explain.
Meal preparation was not observed.
- 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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
LSR 10/27/21 CAP Approved 11/9/21; 803(3), 318(5), 205(5), 301(6), 301(4),
301(6)(b), 315(8), 312(4)(c), 312(4)(e), 312(4)(b), 313(4)
- SIR 8/10/23 CAP Approved 10/30/23; 310(1)(d), 312(4)(b)
- SIR 2/15/22 CAP Approved 4/4/22; 305(3), 303(2), 208(1), 310(4)
- SIR 8/18/21 CAP Approved 10/21/21; 312(2), 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 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.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

The start date for staff member, Danielle Williams was 10/06/21. However, she did not receive her TB test results until 10/23/21.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 10/27/21; CAP approved 11/09/21

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 was admitted on 10/21/22. However, his initial physical was completed on 03/16/22 which is more than 90 days before he was admitted into the home.

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.

The AFC group home received a temporary license on 05/18/21. Therefore, Resident A's date of admission should be on or after the abovementioned date. However, Resident A's initial assessment plan was signed by Resident A on 06/23/21 and by the licensee designee Paula Barnes on 10/20/21 which is not at the time of admission.

REPEAT VIOLATION ESTABLISHED

Reference dated LSR 10/27/21; CAP approved 11/09/21

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

The AFC group home received a temporary license on 05/18/21. Therefore, Resident A's date of admission should be on or after the abovementioned date. However, Resident A's initial resident care agreement was signed by Resident A on 06/23/21 and by the licensee designee Paula Barnes on 10/19/21 which is not at the time of admission.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 10/27/21; CAP approved 11/09/21

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.

During the onsite, I observed three walkers and one wheelchair in the basement that did not belong to any current residents. Several assistive devices were observed for Resident J however; the staff could not locate any prescriptions for any of Resident J's assistive devices. Resident J utilizes the following assistive devices:

- Hospital bed
- Bed rails
- Hoyer lift
- Wheelchair
- Shower bed

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.

Resident B's weight was not recorded during the month of July 2023.

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

Resident B was not administered his Divalproex Sodium on 10/08/23 at 4:00pm. Resident B is also not being administered his Robitussin (PRN) or Mylanta (PRN) as they are not in the home.

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: <ul style="list-style-type: none"> (b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

According to the MAR, there was no staff initials documented on 10/26/23 for Resident A's 8:00am dosage for Alprazolam.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 10/27/21; CAP approved 11/09/21

REPEAT VIOLATION ESTABLISHED

Reference SIR #2021A0611027; CAP approved 10/21/21

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: (iii) Label instructions for use.

Resident A is prescribed blood glucose test strips however; the label instructions for this prescription was not documented on the MAR.

R 400.14313	Resident nutrition.
	(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.

Resident A's health care appraisal indicates that he has a diabetic diet. A menu pertaining to Resident A's special diet and/or diabetic diet was not observed in the home.

R 400.14313	Resident nutrition.
	(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

During the onsite, a current menu was not posted in the home. I spoke to staff member Courtney Diawara regarding the menu. Ms. Diawara does not usually follow the menu as she prepares meals based on which food items are available in the home.

REPEAT VIOLATION ESTABLISHED

Reference LSR dated 10/27/21; CAP approved 11/09/21

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: (b) Date of admission.

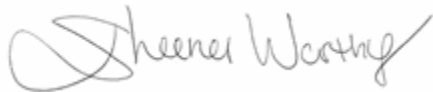
Resident A's identification record indicated that Resident A was admitted on 08/15/16. This admission date is not accurate given that the home received a temporary license on 05/18/21.

R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water in the kitchen was observed to be 131 degrees Fahrenheit.

IV. RECOMMENDATION

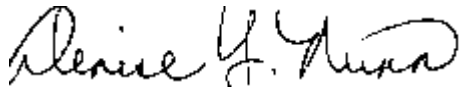
Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



Sheena Worthy
Licensing Consultant

10/31/23
Date

Approved by:



Denise Y. Nunn
Area Manager

11/03/2023
Date

Continued....

AMENDED REPORT

PURPOSE OF AMENDED REPORT:

On 10/26/23, a renewal inspection was completed onsite. An exit conference was also completed on 10/26/23. On 11/06/23, a copy of the licensing study report (LSR) and the corrective action plans was provided to the licensee designee, Paula Barnes via email. Ms. Barnes did not convey any concerns regarding the renewal inspection and/or the violations cited.

On 11/13/23, I received an email from an office representing Central State Community Services. The email requested the recommendation of a provisional license to be reconsidered considering the discrepancies regarding rules 205(5), 301(4), and 301(6) that were previously cited in the LSR that was completed on 10/27/21.

METHODOLOGY

11/14/2023	Contact - Document received The corrective action plans were received. However; it included violations that will be removed from the LSR which are; 205(5), 301(6), and 301(4).
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DESCRIPTION OF FINDINGS AND CONCLUSIONS

Upon review of the LSR completed on 10/27/21 and the current LSR, it was confirmed that the AFC group home has already been cited for 205(5), 301(6), and 301(4) for the documents that were completed in 2021. Therefore, it is decided to modify the recommendation from a provisional license to a regular license contingent upon receipt of an acceptable corrective action plan.

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.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent

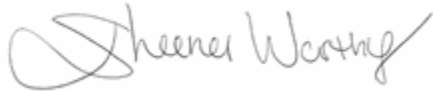
	testing shall be verified every 3 years thereafter or more frequently if necessary.
ANALYSIS:	During the renewal inspection that was completed on 10/27/21, the AFC group home was cited for this rule violation and an acceptable corrective action plan was received on 11/09/21. Therefore, any additional violations pertaining to this rule that occurred prior to 11/09/21 is not applicable.
CONCLUSION:	VIOLATION ESTABLISHED (BUT CORRECTED)

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.
ANALYSIS:	During the renewal inspection that was completed on 10/27/21, the AFC group home was cited for this rule violation and an acceptable corrective action plan was received on 11/09/21. Therefore, any additional violations pertaining to this rule that occurred prior to 11/09/21 is not applicable.
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ANALYSIS:	During the renewal inspection that was completed on 10/27/21, the AFC group home was cited for this rule violation and an

	acceptable corrective action plan was received on 11/09/21. Therefore, any additional violations pertaining to this rule that occurred prior to 11/09/21 is not applicable.
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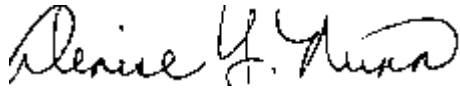
RECOMMENDATION:



Sheena Worthy
Licensing Consultant

11/28/23
Date

Approved by:



Denise Y. Nunn
Area Manager

11/30/2023
Date