



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 9, 2024

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:

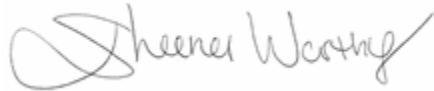
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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" being more prominent than the last name "Worthy".

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

**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: Kimberly Iston

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): 02/08/2024

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	2
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.
It was not meal time during the onsite.
- 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:
SIR#2024A0611007 dated 12/06/23; CAP approved 01/12/24; 312(2)
- 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 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:

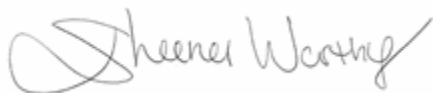
R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During the onsite, it was observed that the staff was using an old bubble packet from November 2023 to administer Resident M's Depakote during the first five days in February until they received a refill on 02/06/24.

IV. RECOMMENDATION

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



Sheena Worthy
Licensing Consultant

02/09/24
Date