



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 11, 2025

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

RE: License #: AS500403218  
**Van Dyke Home**  
**74501 Van Dyke**  
**Romeo, MI 48640**

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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 West Grand Blvd Ste 9-100  
Detroit, MI 48202  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500403218
<b>Licensee Name:</b>	Central State Community Services, Inc.
<b>Licensee Address:</b>	Suite 201 2603 W Wackerly Rd Midland, MI 48640
<b>Licensee Telephone #:</b>	(989) 631-6691
<b>Licensee/Licensee Designee:</b>	Paula Barnes
<b>Administrator:</b>	Alyssa Valenti
<b>Name of Facility:</b>	Van Dyke Home
<b>Facility Address:</b>	74501 Van Dyke Romeo, MI 48640
<b>Facility Telephone #:</b>	(586) 752-6686
<b>Original Issuance Date:</b>	08/11/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/11/2025

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

Date of Environmental/Health Inspection if applicable: 10/16/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 1

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures with staff.
- 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.  
Inspection did not occur during a meal preparation.
- 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:  
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:

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p><b>(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></p> <p><b>(b) Complete an individual medication log that contains all of the following information:</b></p> <p><b>(ii) The dosage.</b></p>
<p>Resident A is prescribed Fluticasone 50 mcg. Resident A's February 2025 medication log listed the dosage as 500 mcg.</p>	
<b>R 400.14401</b>	<b>Environmental health.</b>
	<p><b>(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.</b></p>
<p>During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature measured as high as 126 degrees Fahrenheit.</p>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<p><b>(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.</b></p>
<p>During the onsite inspection, I observed damage to counter in Bathroom #1. The countertop was chipped at bottom, creating a rough edge.</p>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<p><b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b></p>
<p>During the onsite inspection, I observed drywall damage near the front entrance of home.</p>	

#### IV. RECOMMENDATION

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

*Kristine Cilluffo*

02/11/2025

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Kristine Cilluffo  
Licensing Consultant

Date