



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 17, 2025

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

Dear Ms. Barnes:

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-320-3721

**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:	Paula Barnes
Name of Facility:	Waterview Home
Facility Address:	121 Waterview Lake Orion, MI 48362
Facility Telephone #:	(989) 631-6691
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): 09/30/2025 and 10/01/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administration

- 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.
The onsite inspection did not take place during a mealtime, an adequate amount of food was 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
04/10/2025; R400.14312, R400.14316, 11/14/2023, 400.14316, R400.14401,
R400.14313, R400.14310, R400.14306, R400.14301, R400.14301, R400.14205.
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:

<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(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.</p>
<p>Resident D did not have a completed health care appraisal in her file. She was admitted to the home on 09/23/2025. The home manager and program manager stated it was an emergency admission, but the supporting documentation that was sent via email, indicates Oakland Community Health Network requested admittance for Resident D on 08/21/2025, the program manager confirmed there was room on 08/22/2025, and the licensee designee agreed to accept Resident D into Waterview Home on 09/09/2023.</p>	
<p>R 400.14301</p>	<p>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</p>
	<p>(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:</p> <p style="padding-left: 40px;">(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the</p>

	<p>resident as indicated in the resident's written assessment plan and health care appraisal.</p> <p>(b) A description of services to be provided and the fee for the service.</p> <p>(c) A description of additional costs in addition to the basic fee that is charged.</p> <p>(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.</p> <p>(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.</p> <p>(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.</p> <p>(g) An agreement by the resident to follow the house rules that are provided to him or her.</p> <p>(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.</p> <p>(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.</p> <p>(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.14315.</p> <p>(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.</p> <p>(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.</p>
	<p>At the time of the onsite inspection, there was no Resident Care Agreement for Resident D. Resident D was admitted on 09/23/2025.</p>
<p>R 400.14312</p>	<p>Resident medications.</p>
	<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 A has a prescription for ethosuximide 250mg capsule, take 1 capsule by mouth, three times a day. On 09/10/2025, 09/28/2025, and 09/29/2025, her 4pm dose was not initialed on her medication administration record (MAR) as having been administered.</p> <p>Resident B has a prescription for aripiprazole 10mg tab, take ½ tablet by mouth twice a day. This medication was not initialed as having been administered on 09/29/2025 for the 3pm dose.</p> <p>Resident C has a prescription for risperidone 1mg tablet, take 1 tablet by mouth in the morning and at bedtime. The bedtime dose on 09/29/2025 is not initialed as having been administered.</p> <p>REPEAT VIOLATION ESTABLISHED Reference Licensing Study Report dated 11/03/2023, CAP dated 11/14/2023; Special Investigation Report # 2023A0991032, dated 10/13/2023, CAP dated 10/30/2023; Licensing Study Report dated 10/27/21, CAP dated 11/09/21; Special Investigation Report #2021A0611027 dated 10/08/2021, CAP dated 10/21/2021.</p>	
<p>R 400.14312</p>	<p>Resident medications.</p>
<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>(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.</p>	
<p>Resident C has a prescription for diazepam 2mg tablets, take 1 tablet by mouth daily for 5 days, as needed for anxiety. This medication could not be located in the home. On 10/01/2025, the home manager provided me with a copy of a discontinue order for this medication, dated 10/01/2025.</p>	

Resident A has a prescription for FT Tussin CF Adult Liquid, take 10ml by mouth, three times a day for five days. The MAR has it listed as a PRN and it has not been initialed as administered for the entire month of September.

Resident A has a prescription for triple antibiotic cream 30gm, apply topically to cut or abrasion three times a day until healed. The MAR has the medication listed as a PRN and it has not been initialed as administered for the entire month of September.

Resident B has a prescription for FT Tussin CF Adult Liquid, take 10ml by mouth, three times a day for five days. The MAR has it listed as a PRN and it has not been initialed as administered for the entire month of September.

Resident B has a prescription for triple antibiotic cream 30gm, apply topically to cut or abrasion three times a day until healed. The MAR has the medication listed as a PRN and it has not been initialed as administered in the entire month of September.

Resident C has a prescription for triple antibiotic cream 30gm, apply topically to cut or abrasion three times a day until healed. The MAR has the medication listed as a PRN and it has not been initialed as administered for the entire month of September.

Resident C has a prescription for FT Tussin CF Adult Liquid, take 10ml by mouth, three times a day for five days. The MAR has it listed as a PRN and it has not been initialed as administered for the entire month of September.

REPEAT VIOLATION ESTABLISHED

Reference Interim Inspection Report dated 07/18/2025, CAP 08/01/2025.

Special Investigation Report # 2025A0626010 dated 03/21/2025, CAP dated 04/10/2025.

Renewal Licensing Study Report 11/30/2023, CAP dated 12/07/2023.

Special Investigation Report #2023A0991032 dated 10/13/2023, CAP dated 10/30/2023.

Renewal Licensing Study Report dated 10/28/2021, CAP dated 11/08/2021.

Special Investigation Report #2021A0611027 dated 10/08/2021, CAP dated 10/21/21.

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.
Resident E had a prescription listed on her MAR for baclofen 10 mg, three times daily. This medication was discontinued on 09/24/2025, the medication was still contained in her medication basket with her other medications.	

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.
Resident D did not have Resident Funds Part I or Part II in her file.	
R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.
The window screen for the bedroom Resident B and Resident F share is in need of repair, there was a large hole in the middle of the screen and it appeared to be tattered.	

IV. RECOMMENDATION

Due to the license being on a provisional and intervening quality of care deficiencies being cited, I recommend refusal to renew the license.

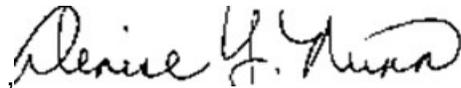


10/14/2025

Sara Shaughnessey
Licensing Consultant

Date

Approved by:



10/17/2025

Denise Y. Nunn
Area Manager

Date