



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 1, 2026

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

RE: License #: AS250010882  
**Herrington House**  
**12168 Lake Road**  
**Montrose, MI 48457**

Dear Paula 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 and special certification 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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

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

**I. IDENTIFYING INFORMATION**

**License #:** AS250010882

**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, Designee

**Administrator:** Vuai Finney

**Name of Facility:** Herrington House

**Facility Address:** 12168 Lake Road  
Montrose, MI 48457

**Facility Telephone #:** (810) 639-3388

**Original Issuance Date:** 08/14/1989

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Special Certification:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 04/29/2026

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

Date of Health Authority Inspection if applicable: 01/15/2026

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 0 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.
- 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:

**R 400.637 Handling of resident funds and valuables.**

**(7) Except for bank accounts, a licensee shall not maintain resident funds of more than \$400.00, as defined in R 400.601(1)(y), for any resident of the facility after receiving payment of charges owed.**

Upon review of Resident A's record, it was determined that, between the debit card in his name and the cash on hand at the home, the sum exceeded the limit of \$400 that is allowed.

**R 400.675 Resident medications.**

**(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:**

**(b) Complete an individual medication log that contains all of the following:**

**(i) Medication name.**

**(ii) Dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) Initials of the individual who administered the medication at the time given.**

Upon review of Resident B's medication administration record (MAR), it was determined that staff were initialing the MAR verifying that they were administering a medication that had been discontinued. The medication in question was appropriately not in the home, but staff were still initially the MAR as if they were passing the medication.

**IV. RECOMMENDATION**

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



5/1/2026

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Christopher Holvey  
Licensing Consultant

Date