



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 2, 2021

Paula Ott  
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. Ott:

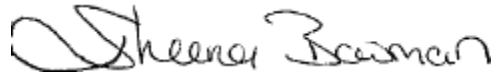
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 black ink that reads "Sheena Bowman". The signature is written in a cursive style with a large initial 'S'.

Sheena Bowman, 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 Ott

**Administrator:** Sharon Butler

**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



### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 330.1803            Facility environment; fire safety.**

**(5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association.**

There were no E-scores provided for review.

**R 330.1806            Staffing levels and qualifications.**

**(2) All staff who work independently and staff who function as lead workers with clients shall have successfully completed a course of training which imparts basic concepts required in providing specialized dependent care and which measures staff comprehension and competencies to deliver each client's individual plan of service as written. Basic training shall address all of the following areas:**

**(g) Protecting and respecting the rights of clients, including providing client orientation with respect to the written policies and procedures of the licensed facility.**

Verification of training was not provided for resident rights for staff member Nahbrina Thompson.

**R 400.14204            Direct care staff; qualifications and training.**

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

- (a) Reporting requirements.
- (d) Personal care, supervision, and protection.
- (e) Resident rights.

Verification of trainings were not provided for reporting requirements, resident rights, or personal care, supervision, and protection for staff member Nahbrina Thompson.

**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.**

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

An initial physical was not provided for staff member Nahbrina Thompson.

**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.

A TB test was not provided for staff member, Nahbrina Thompson.

**R 400.14208      Direct care staff and employee records.**

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:  
(f) Verification of reference checks.

Reference checks were not provided for staff member Nahbrina Thompson.

**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 A's health care appraisal was completed 10 months prior to her admission date. Resident A was admitted on 08/03/21 and her health care appraisal was completed on 10/20/20.

**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.

Resident A's assessment plan was completed late as it was not completed at the time of admission. Resident A was admitted on 08/03/21 and her assessment plan was completed on 08/07/21. The signature page for Resident B's assessment plan was missing.

**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.

Resident A and Resident B's resident care agreements were completed late as they were not completed at the time of admission. Resident A was admitted on 08/03/21 and her resident care agreement was completed on 08/07/21. Resident B was admitted on 12/14/20 and his resident care agreement was completed on 12/22/20. Furthermore, the licensee designee, Paula Ott did not sign Resident B's resident care agreement.

**R 400.14306      Use of assistive devices.**

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

Resident A is prescribed a wheelchair however; her assistive device was not documented in her assessment plan.

**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.

A weight record was not provided for review for Resident A. Resident B's weight was not recorded on his admission date.



**R 400.14312      Resident medications.**

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

**REPEAT VIOLATION: Special Investigation 04/27/21; CAP approved 07/21/21.**

Resident A is not receiving her Nebulizer, Santyl ointment or Dakins solution as these medications are not 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.

The menus were not properly dated for the current month. The menus were observed on 09/01/21 and; they were dated from Sunday the 6<sup>th</sup> through Saturday the 12<sup>th</sup>.

**R 400.14315      Handling of resident funds and valuables.**

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

The licensee designee, Paula Ott did not sign the Funds Part II forms for Resident A or Resident B.

**R 400.14318      Emergency preparedness; evacuation plan; emergency transportation.**

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

There were no fire drills provided for review.

**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:

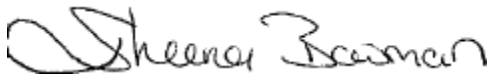
(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

**REPEAT VIOLATION: Special Investigation 04/27/21; CAP approved 07/21/21.**

According to Resident A's MAR for the month of August 2021, Resident A did not receive her Erythromycin in the evening on 8/18/21, 8/21/21, or 8/28/21 as there were missing staff initials. Moreover, Resident A did not receive her Metformin in the evening on 8/28/21 and; she did not receive her Buspirone in the morning on 8/7/21 as there were missing staff initials.

**IV. RECOMMENDATION**

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



Sheena Bowman  
Licensing Consultant

09/02/21

Date