



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 13, 2021

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

RE: License #: AS190398354
Webb Home
303 W. Webb Road
DeWitt, MI 48820

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 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

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

I. IDENTIFYING INFORMATION

License #: AS190398354

Licensee Name: Central State Community Services, Inc.

Licensee Address: Suite 201
2603 W Wackerly Rd
Midland, MI 48640

Licensee Telephone #: (989) 631-6691

Licensee Designee: Paula Ott

Administrator: Dana Marshall

Name of Facility: Webb Home

Facility Address: 303 W. Webb Road
DeWitt, MI 48820

Facility Telephone #: (517) 669-8634

Original Issuance Date: 06/18/2019

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/10/2021

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: administrator

- 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: 6/2/21 for rules 301 (4) and 301 (8) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Variance for rule 408 (7) granted on 7/7/19 and variance for rules 507 (2) and 507 (5) granted 7/19/19.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

At the time of the onsite inspection, I noted that the trim on the small bathroom door was damaged and in need of repair or replacement.

At the time of the onsite inspection, I noted that the two cupboards in the kitchen were missing handles and coming off the hinges and they need to be repaired or replaced.

At the time of the onsite inspection, I noted gouges in the flooring in the dining room and entry way. The flooring in these areas of the home needs to be repaired or replaced.

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.

At the time of the onsite inspection, I noted that there were multiple holes in the walls throughout the facility including in bedroom #1 (one hole near the resident's bed resulted in exposed insulation), the hallway where the resident bedrooms and bathrooms are located, the small bathroom, and in the dining room. The holes need to be repaired. Please note that at the time of the inspection the administrator presented a request for the homeowner (Clinton, Eaton, Ingham Community Mental Health) to repair the holes in the walls dated 6/30/21 but as of the date of this report the holes have not been repaired.

R 400.14403

Maintenance of premises.

(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.

At the time of the onsite inspection, I noted that the flooring in the small bathroom was damaged with stains that were black in color and located near the toilet. The flooring needs to be repaired or replaced.

At the time of the onsite inspection, I noted gouges in the kitchen flooring which does not permit the floor to be easily kept in clean condition. The flooring in the kitchen needs to be repaired or replaced.

IV. RECOMMENDATION

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



12/13/21

Leslie Herrguth
Licensing Consultant

Date