



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 10, 2022

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

RE: License #: AS630405663  
Investigation #: 2022A0465032  
Seymour Home

Dear Ms. Barnes:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
Cell: 248-514-9391  
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enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630405663
<b>Investigation #:</b>	2022A0465032
<b>Complaint Receipt Date:</b>	06/08/2022
<b>Investigation Initiation Date:</b>	06/10/2022
<b>Report Due Date:</b>	08/07/2022
<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>Administrator:</b>	LaKenya Jones
<b>Licensee Designee:</b>	Paula Barnes
<b>Name of Facility:</b>	Seymour Home
<b>Facility Address:</b>	241 Cheltenham Oxford, MI 48371
<b>Facility Telephone #:</b>	(248) 572-6040
<b>Original Issuance Date:</b>	03/04/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/04/2021
<b>Expiration Date:</b>	09/03/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
On 6/3/2022, direct care staff, Jeffrey Brand, did not adhere to Resident A's prescribed special diet.	Yes

**III. METHODOLOGY**

06/08/2022	Special Investigation Intake 2022A0465032
06/08/2022	APS Referral Adult Protective Services (APS) referral, assigned for investigation to Shauna Aldred
06/10/2022	Special Investigation Initiated - Letter Email exchange with Complainant
06/13/2022	Contact – Document Sent Email exchange with APS Worker, Shauna Aldred
06/23/2022	Inspection Completed On-site Conducted a walk-through of the facility, reviewed Resident A's record, observed Resident A and interviewed direct care staff, Jeffrey Brand
06/27/2022	Contact - Telephone call made Spoke to APS Worker, Shauna Aldred, via telephone
07/20/2022	Contact - Document Received Additional facility documents received via email
07/21/2022	Contact - Telephone call made I contacted Guardian A1 via telephone
07/21/2022	Exit Conference Conducted an exit conference with LaKenya Jones

**ALLEGATION:**

**On 6/3/2022, direct care staff, Jeffrey Brand, did not adhere to Resident A's prescribed special diet.**

## INVESTIGATION:

On 6/4/2022, a complaint was received, alleging that on 6/3/2022, direct care staff Jeffrey Brand did not adhere to Resident A's prescribed special diet. The complaint indicated that Resident A is diagnosed with Cerebral Palsy, is non-verbal, and on a prescribed pureed diet. The complaint indicated that on 6/3/2022, Mr. Brand served Resident A food that was not pureed.

On 6/10/2022, I spoke to Complainant, who confirmed that the information contained in the complaint is accurate.

On 6/13/2022 and 6/27/2022, I spoke to APS worker, Shauna Aldred via email. M. Aldred stated that she has completed an investigation of this complaint and will be substantiating for neglect. Ms. Aldred stated that Mr. Bland admitted that he fed Resident A non-pureed food on 6/3/2022. Ms. Aldred stated that her investigation is now closed.

On 6/23/2022, I conducted an onsite investigation and conducted a walk-through of the facility. I observed Resident A, reviewed Resident A's record, and interviewed direct care staff, Jeffrey Brand.

During the onsite investigation, I observed Resident A in her bedroom, laying in her bed. Resident A appeared to be well-groomed and appropriately dressed. I was unable to interview Resident A because she is non-verbal.

Resident A's *Face Sheet* stated that she was admitted to the facility on 1/1/2021 and has a legal guardian, Guardian A1. The *Health Care Appraisal* listed Resident A's medical diagnosis as Cerebral Palsy, Paraplegia and GERD. The *Assessment Plan for AFC Residents* stated that Resident A requires supervision in the community, requires assistance with feeding, assistance with all personal care tasks, and uses a wheelchair for mobility assistance. I reviewed the *St. Joseph Mercy – Oakland After Visit Summary*, dated 4/6/2022, which prescribed Resident A to begin a pureed food special diet with thin liquid consistency.

I interviewed direct care staff, Jeffrey Bland, who stated that he has worked at the facility for three years. Mr. Bland stated that he is familiar with Resident A and has provided direct care to her during the time that she has resided at the facility. Mr. Bland stated, "Resident A was prescribed a pureed diet on 4/6/2022 when she was discharged from the hospital. She did not have a pureed diet order prior to this. On 6/3/2022, I did feed Resident A rice. I did not puree the rice before I fed it to the Resident A. I thought it was allowed because the rice was small, and I also was giving her small pieces of it. Resident A does require a pureed diet and I am aware of that, but she didn't have any issues swallowing it, so I figured it was okay." Mr. Bland acknowledged that he fed Resident A food that was not pureed.

On 7/20/2022, I attempted to contact Guardian A1, however the phone number is not currently in working order.

On 7/21/2022, I conducted an exit conference with administrator, LaKenya Jones via telephone. The licensee designee, Paula Barnes, is out of the office until 7/25/2022 and was unavailable to partake in this exit conference. Ms. Jones is in agreement with the findings of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(3) Special diets shall be prescribed only by a physician. A resident who has been prescribed a special diet shall be provided such a diet.</b>
<b>ANALYSIS:</b>	On 4/6/2022, Resident A was prescribed a pureed diet. According to Mr. Bland, on 6/3/2022, he fed Resident A rice that was not pureed. Mr. Bland acknowledged that he was aware Resident A required all of her food items to be pureed prior to serving.  Based on the information above, on 6/3/2022, Mr. Bland did not adhere to the prescribed special diet for Resident A.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains unchanged.

*Stephanie Gonzalez*

7/21/2022

Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

08/10/2022

Denise Y. Nunn  
Area Manager

Date