



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 22, 2023

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

RE: License #: AS500403218  
**Van Dyke Home**  
**74501 Van Dyke**  
**Romeo, MI 48640**

Dear Ms. 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 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 cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 285-1703

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS500403218
<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>Licensee/Licensee Designee:</b>	Paula Barnes
<b>Administrator:</b>	Eva Hemphill
<b>Name of Facility:</b>	Van Dyke Home
<b>Facility Address:</b>	74501 Van Dyke Romeo, MI 48640
<b>Facility Telephone #:</b>	(586) 246-1378
<b>Original Issuance Date:</b>	08/11/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/07/2023

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

Date of Environmental/Health Inspection if applicable: 03/01/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
Reviewed medication passing procedures.
- 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:

<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(12) Sidewalks, fire escape routes, and entrances shall be kept reasonably free of hazards, such as ice, snow, and debris.</b>
During the onsite inspection, I observed cracked and uneven concrete around the home.	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.</b>
During the onsite inspection, I observed the vent fan in Bathroom #1 was filled with dust.	
On 02/07/2023, Home Manager provided picture showing the vent had had been cleaned.	
<b>R 400.14507</b>	<b>Means of egress generally.</b>
	<b>(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.</b>
During the onsite inspection, I observed that exit doors did not have non-locking-against-egress hardware.	
On 02/07/2023, Home Manager provided pictures showing locks had been changed.	

### IV. RECOMMENDATION

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

*Kristine Cilluffo*

03/22/2023

Kristine Cilluffo  
Licensing Consultant

Date