

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 28, 2023

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

#### RE: License #: AS250010982 Warner House 2473 Warner Rd Flushing, MI 48433

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 and closure of SIR #2023A1039003, 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 (517) 643-7960.

Sincerely,

C. Barna

Cristina Garza, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909

> 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

### I. IDENTIFYING INFORMATION

License #:	AS250010982	
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	
Administrator:	Sharon Butler	
Name of Facility:	Warner House	
Facility Address:	2473 Warner Rd Flushing, MI 48433	
Facility Telephone #:	(810) 733-2780	
Original Issuance Date:	09/02/1992	
Capacity:	6	
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL	

## **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	09/22/2023	
Date of Bureau of Fire Services Inspection if applicable:		N/A	
Date of Health Authority Inspection if applicable:		N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Administrator	2 4	
•	• Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes $ extsf{No}$ No $ extsf{No}$ If no, explain.		
•	<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain.</li> <li>Meal preparation / service observed? Yes No I no, explain. It was not meal time at time of inspection.</li> <li>Fire drills reviewed? Yes No I If no, explain.</li> </ul>		
•	Fire safety equipment and practices observed? Yes $ extsf{No}$ No $ extsf{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: 4/7/23 AS312(1), 5/12/21 AS 308(2)(f) N/A 🗌 Number of excluded employees followed-up? 1 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 400.14315 Handling of resident funds and valuables.

(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

At time of inspection, the facility was safekeeping resident funds (cash) in excess of \$200.00 for Resident A.

# 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.

At time of inspection, emergency evacuation drills were not completed during daytime, evening, and sleeping hours at least once per quarter. Additionally, evacuation times were not documented.

#### R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

At time of inspection, hot water temperature was measured in excess of 120 degrees Fahrenheit.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and closure of SIR #2023A1039003, renewal of the license is recommended.

C. Barna

9/28/23

Cristina Garza Licensing Consultant

Date