



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 1, 2024

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

RE: License #: AS500385425
Morowske Home
51026 Morowske
Shelby Twp, MI 48316

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
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500385425
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:	Alyssa Valenti
Name of Facility:	Morowske Home
Facility Address:	51026 Morowske Shelby Twp, MI 48316
Facility Telephone #:	(586) 323-4159
Original Issuance Date:	07/28/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/30/2024

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 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 with home manager.
- 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.
Inspection did not occur during a meal preparation.
- 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:

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.
Staff, Janae McMillion and June Day, did not have verification of reference checks in employee files.	
R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.
Resident A's resident care agreement dated 09/13/2023, was not signed by guardian.	
R 400.14312	Resident medications.
	<p>(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:</p> <ul style="list-style-type: none"> (a) Be trained in the proper handling and administration of medication. (b) Complete an individual medication log that contains all of the following information: <ul style="list-style-type: none"> (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given. (vi) A resident's refusal to accept prescribed medication or procedures. (c) Record the reason for each administration of medication that is prescribed on an as needed basis.

	<p>Resident A's January 2024 medication log was missing staff initials on 01/11/2024 for Clonazepam 1 mg, Donepezil 10 mg, ear drops 6.5%, Memantine 10 mg (8PM), Metamucil Cap (8PM) and Triamcinolone 0.01%.</p> <p>Resident A's PRN Alprazolam .05 mg was prescribed in April 2023 and listed on medication log. The medication was not available in home. The home did not have an order discontinuing medication.</p> <p>Resident B's January 2024 medication log was missing staff initials on 01/11/2024 for Carb/Levo 25-250 mg tab (4PM, 8PM), Cilostazol 100 mg (8PM), Levocarnitine 1 gm/10 ML (4PM, 8PM), Metoprolol 25 mg (8PM), Quetiapine 50 mg and triple antibiotic ointment (4PM, 8PM).</p> <p>Resident B's January 2024 medication log was missing staff initials on 01/26/2024 for Levocarnitine 1 gm/10 ML (4PM) and triple antibiotic ointment (4PM).</p> <p>Resident B's Methylphenyl 20 mg was listed on January 2024 medication log three times.</p> <p>Resident B's PRN Docusate Sod 100 mg caps, Loperamide 2 mg caps and Lorazepam .5 mg tabs were listed on medication log and not available in home. The home did not have an order discontinuing medication. There was an empty pill pack in cart for Lorazepam .5 mg tabs.</p>
R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
	Resident A and Resident B's Funds Part 1 forms were not signed by licensee and incorrect account types were selected. Funds Part 1 forms indicated that licensee managed cash for Resident A and Resident B, however, they did not have cash managed by licensee in home.
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.

Evening and sleep time drills were not completed for the 3 rd and 4 th quarters of 2022.	
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
During the onsite inspection, I observed cracked tile flooring in Bathroom #1.	
R 400.14407	Bathrooms.
	(3) Bathrooms shall have doors. Only positive-latching, non-locking against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.
Bathroom #2 did not have non-locking against egress hardware on door.	

IV. RECOMMENDATION

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

Kristine Cilluffo

02/01/2024

Date

Licensing Consultant