



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 20, 2026

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) 972-9136.

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**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/16/2026

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 medications with Administrator.
- 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:  
CAP date 02/12/2024- AS208(1)(f), AS301(8), AS312(4)(b), AS315(3), AS318(5),  
AS403(5), AS407(3) 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 400.645</b>	<b>Environmental health.</b>
	<b>(3) A licensee shall provide hot and cold running water under pressure. 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 fixture.</b>
During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 129.6 degrees Fahrenheit.	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b>
During the onsite inspection, I observed that the tile in Bathroom #1 is not in good repair. There are multiple cracks in bathroom tiles.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
Resident A's medications on January 2026 medication log were not initialed as administered by staff from January 1-5 <sup>th</sup> , 2026. Administrator stated that he discovered error during medication audit and home manager has been terminated.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.</b>

During the onsite inspection, I observed medication being stored in an unlocked location in refrigerator.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<p><b>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</b></p> <p><b>(b) Complete an individual medication log that contains all of the following:</b></p> <ul style="list-style-type: none"> <li><b>(i) Medication name.</b></li> <li><b>(ii) Dosage.</b></li> <li><b>(iii) Label instructions for use.</b></li> <li><b>(iv) Time to be administered.</b></li> <li><b>(v) Initials of the individual who administered the medication at the time given.</b></li> </ul>
<p>Resident A is prescribed 1000 mg Fish Oil tabs. Resident A's January 2026 medication log listed dosage as 100 mg.</p> <p>Resident A is prescribed Pravastatin 20 mg tabs, with instructions to take one table by mouth at bedtime. Resident A's January 2026 medication log listed instructions as, take one table by mouth daily and listed administration time as 8:00 am.</p>	

**IV. RECOMMENDATION**

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

*Kristine Cilluffo*

01/20/2026

Kristine Cilluffo  
Licensing Consultant

Date