

JENNIFER M. GRANHOLM GOVERNOR STATE OF MICHIGAN DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING



ISMAEL AHMED DIRECTOR

March 31, 2010

Donald Schuster Crisis Center Inc. DBA Listening Ear PO Box 800 Mt. Pleasant, MI 48804-0800

> RE: License #: AS370011271 Adams Home 208 S. Adams Street Mount Pleasant, MI 48858

Dear Mr. Schuster:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (989) 758-2717.

Sincerely,

Diane F. Stier

Diane L Stier, Licensing Consultant Bureau of Children and Adult Licensing 1919 Parkland Drive Mt. Pleasant, MI 48858-8010 (989) 772-8479

enclosure

MICHIGAN DEPARTMENT OF HUMAN SERVICES BUREAU OF CHILDREN AND ADULT LICENSING ADDENDUM TO ORIGINAL LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS370011271
Licensee Name:	Crisis Center Inc. DBA Listening Ear
Licensee Address:	PO Box 800 107 E Illinois Mt Pleasant, MI 488040800
Licensee Telephone #:	(231) 587-8688
Administrator/Licensee Designee:	Donald Schuster, Designee
Name of Facility:	Adams Home
Facility Address:	208 S. Adams Street Mount Pleasant, MI 48858
Facility Telephone #:	(989) 773-2351
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. Purpose of Addendum

The Licensee submitted a request to modify the population served by this facility, to include adults with Mental Illness, and to include Mental Illness under the facility's Special Certification programs.

III. Methodology

The licensee submitted a written request to have the license and Special Certification for this facility modified to include adults with Mental Illness. The licensee submitted documentation regarding the qualifications of the Administrator and Licensee Designee.

IV. Description of Findings and Conclusions

The consultant received and reviewed proof of one year's experience in working with adults with Mental Illness from the Licensee Designee/Administrator of this facility. This consultant received confirmation from Community Mental Health for Central Michigan that the licensee is in compliance with Recipient Rights requirements.

V. Recommendation

I recommend that the facility's "population served" and Special Certification be amended to include adults with Mental Illness.

me F. Atien

Diane L Stier Licensing Consultant

<u>March 31, 2010</u> Date