

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 7, 2021

Amanda Hart Crisis Center Inc - DBA Listening Ear PO Box 800 Mt Pleasant, MI 48804-0800

RE: License #: AS370011281

Mt Pleasant Home

908 Sansote

Mt Pleasant, MI 48858

Dear Ms. Hart:

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 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. The office provides technical assistance to meet the licensing requirements and consultation to improve services.

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) 284-9730.

Sincerely,

Gennifer Browning

Jennifer Browning, Licensing Consultant Bureau of Community and Health Systems 1919 Parkland Drive Mt. Pleasant, MI 48858-8010

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

I. IDENTIFYING INFORMATION

License #: AS370011281

Licensee Name: Crisis Center Inc - DBA Listening Ear

Licensee Address: 107 East Illinois

Mt Pleasant, MI 48858

Licensee Telephone #: (123) 158-7868

Licensee Designee: Amanda Hart

Administrator: Amy Spanne

Name of Facility: Mt Pleasant Home

Facility Address: 908 Sansote

Mt Pleasant, MI 48858

Facility Telephone #: (989) 772-0564

Original Issuance Date: 03/01/1988

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s	s):	06/24/20)21		
Date	e of Bureau of Fire Serv	ices Inspection if appl	licable:	NA		
Date of Environmental/Health Inspection if applicable:			NA			
Insp	ection Type:	☐ Interview and Obs	servation			
No. of staff interviewed and No. of residents interviewed No. of others interviewed				2 3		
•	Medication pass / simu	lated pass observed?	Yes ⊠	No ☐ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes ⊠ No ☐ If no, explain					
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.					
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.					
•	Fire safety equipment a	and practices observe	d? 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 on N/A ⊠	compliance verified?	Yes 🗌 (CAP date/s and rule/s:		
•	Number of excluded er	nployees followed-up?	? 1	N/A 🖂		
•	Variances? Yes ☐ (pl	ease explain) No 🗌	N/A 🖂			

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Licensee designee, Amanda Hart, does not have an updated communicable tuberculosis test on file at the facility for review.

IV. RECOMMENDATION

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

Gennifer Brownin	ð	7/1/2021	
Jennifer Browning Licensing Consultant		Date	
Dawn Simm	07/07/2021		
Dawn Timm Area Manager		Date	