

GRETCHEN WHITMER **GOVERNOR** 

#### STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

**ORLENE HAWKS DIRECTOR** 

August 17, 2021

Ira Combs, Jr. Christ Centered Homes, Inc. 327 West Monroe Street Jackson, MI 49202

RE: License #: AS380348376

Herkimer-Reagen 1616 Herkimer Jackson, MI 49203

Dear Mr. Combs, Jr.:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license are renewed. The license is valid only at your present address and is nontransferable.

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 (313) 456-0380.

Sincerely,

Vanita Bouldin, Licensing Consultant Bureau of Community and Health Systems

Vancon Beellin

22 Center Street Ypsilanti, MI 48198

(734) 395-4037

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

### I. IDENTIFYING INFORMATION

**License #:** AS380348376

**Licensee Name:** Christ Centered Homes, Inc.

**Licensee Address:** 327 West Monroe Street

Jackson, MI 49202

**Licensee Telephone #:** (517) 499-6404

Licensee/Licensee Designee: Ira Combs, Jr.

Administrator: Ira Combs, Jr.

Name of Facility: Herkimer-Reagen

Facility Address: 1616 Herkimer

Jackson, MI 49203

**Facility Telephone #:** (517) 250-7924

Original Issuance Date: 01/23/2015

Capacity: 3

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/02/2021		
Date of Bureau of Fire Services Inspection if applicable: N/A		
Date of Health Authority Inspection if applicable: N/A		
Inspection Type:	☐ Interview and Observation	on 🔀 Worksheet Full Fire Safety
No. of staff interviewed and No. of residents interviewed No. of others interviewed		1 2
<ul> <li>Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.         Due to COVID-19</li> <li>Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.</li> </ul>		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ⋈ No ⋈ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ⋈ If no, explain. No meals prepared/served during renewal onsite inspection.</li> <li>Fire drills reviewed? Yes ⋈ No ⋈ If no, explain.</li> </ul>		
Fire safety equipment	and practices observed? Yes	s ⊠ No □ If no, explain.
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>		
No follow-up needed  ■ Corrective action plan  N/A	up? Yes  No  If no, exp compliance verified? Yes employees followed-up?	
Variances? Yes ☐ (p	olease explain) No 🗌 N/A 🛭	

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

The facility is in compliance with all applicable rules and statutes.

## IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

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Vanita Bouldin Date: 08/17/2021

Licensing Consultant

Vanon Beellin