



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 15, 2022

Maribeth Leonard  
Jackson-Hillsdale Community Mental Health Board - LifeWays  
1200 N. West Avenue  
Jackson, MI 49202

RE: License #: AS380407018  
**LifeWays Crisis Residential**  
**1200 N. West Avenue**  
**Jackson, MI 49202**

Dear Ms. Leonard:

Attached is the Renewal Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It 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,

A handwritten signature in cursive script that reads 'Mahtina Rubritius'.

Mahtina Rubritius, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3026 W. Grand Blvd., Ste. #9-100  
Detroit, MI 48202  
(517) 262-8604

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

**I. IDENTIFYING INFORMATION**

**License #:** AS380407018

**Licensee Name:** Jackson-Hillsdale Community Mental Health Board - LifeWays

**Licensee Address:** 1200 N. West Avenue  
Jackson, MI 49202

**Licensee Telephone #:** (517) 789-1209

**Licensee/Licensee Designee:** Maribeth Leonard

**Administrator:** James Horrigan

**Name of Facility:** LifeWays Crisis Residential

**Facility Address:** 1200 N. West Avenue  
Jackson, MI 49202

**Facility Telephone #:** (517) 789-1209

**Original Issuance Date:** 08/11/2021

**Capacity:** 5

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/09/2022

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  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 3  
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated 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  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
The on-site inspection was not concurrent with the mealtimes.
- 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**

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

**IV. RECOMMENDATION**

Renewal of the license and the special certification is recommended.

*Mahtina Rubritius*

02/15/2022

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Mahtina Rubritius  
Licensing Consultant

Date