



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 20, 2022

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

RE: License #: AS370011270  
**Isabella Home**  
**2599 S Isabella Road**  
**Mount Pleasant, MI 48858**

Dear Mr. Carmichael:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

|                                |  |
|--------------------------------|--|
| <b>License #:</b>              | AS370011270  |
| <b>Licensee Name:</b>          | Crisis Center Inc - DBA Listening Ear              |
| <b>Licensee Address:</b>       | 107 East Illinois<br>Mt Pleasant, MI 48858         |
| <b>Licensee Telephone #:</b>   | (989) 773-6904                                     |
| <b>Licensee Designee:</b>      | Timothy Carmichael                                 |
| <b>Administrator:</b>          | Jenny Jacobs                                       |
| <b>Name of Facility:</b>       | Isabella Home                                      |
| <b>Facility Address:</b>       | 2599 S Isabella Road<br>Mount Pleasant, MI 48858   |
| <b>Facility Telephone #:</b>   | (989) 773-0326                                     |
| <b>Original Issuance Date:</b> | 10/10/1986   |
| <b>Capacity:</b>               | 6  |
| <b>Program Type:</b>           | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED |
| <b>Certified Programs:</b>     | DEVELOPMENTALLY DISABLED                           |

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 03/31/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 6  
No. of others interviewed N/A 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.
- 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 compliance verified on 04-13-2022 - 400.14301 DCS did not provide Resident A with personal care for 4 hours. 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:

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party.

There was no evidence in the resident record indicating that Resident A and/or Resident A's designated representative participated in the completion of the *Resident Care Agreement*.

There was no evidence in the resident record indicating that Resident C and/or Resident C's resident designated representative participated in the completion of the *Resident Care Agreement*.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident B did not have an *Assessment Plan for AFC Residents* in his resident file signed by his designated representative. There was no evidence in the resident record indicating that Resident B and/or Resident B's resident designated representative participated in the completion of Resident B's *Assessment Plan for AFC Residents*.

**R 400.14315      Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A

department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

The amount that Resident A is paying for room and board as listed on Resident A's *Resident Care Agreement* did not match the amount listed on her Funds II form.

The amount that Resident B is paying for room and board as listed on Resident B's *Resident Care Agreement* did not match the amount listed on his Funds II form.

The amount that Resident C is paying for room and board as listed on Resident C's *Resident Care Agreement* did not match the amount listed on her Funds II form.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the regular license and special certification is recommended.



04/20/2022

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Rodney Gill  
Licensing Consultant

Date

Approved:



04/21/2022

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Dawn Timm  
Area Manager

Date