



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 12, 2023

Jim Boyd
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 Jim Boyd:

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 with an eligibility letter from MI Workforce Background Check, video showing water temperatures, and Resident Funds Part II showing less than \$200 required.

Upon closure of the current special investigation, your license and special certification will be issued. 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 black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
Browningj1@michigan.gov - (989) 444-9614

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

I. IDENTIFYING INFORMATION

License #: AS370011271

Licensee Name: Crisis Center Inc - DBA Listening Ear

Licensee Address: 107 East Illinois
Mt Pleasant, MI 48858

Licensee Telephone #: (989) 773-6904

Licensee Designee: Jim Boyd

Administrator: Jim Boyd

Name of Facility: Adams Home

Facility Address: 208 S. Adams Street
Mount Pleasant, MI 48858

Facility Telephone #: (989) 317-8717

Original Issuance Date: 03/11/1987

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/11/2023

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed [redacted] 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: 2023A1029022 2/10/23 as310(3) Regarding resident Weights N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
A variance was approved to use a different form for the Resident Care Agreement.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

- R 400.14201** **Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff.**
(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

Employee record for B Recker did not include an eligibility letter from the Michigan Workforce Background Check showing he was suitable to work in an AFC setting.

- 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.**
(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Employee record for M. Solmes did not include an annual health review for 2022.

- R 400.14315** **Handling of resident funds and valuables.**
(6) Except for bank accounts, a licensee shall not accept resident funds of more than \$200.00 for any resident of the home after receiving payment of charges owed.

Resident A's personal funds held at the facility were more than \$200.00 for December 2022 and March 2023.

- R 400.14401** **Environmental health.**
(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

The water temperatures in both bathrooms did not reach 105 degrees.

A corrective action plan was requested and approved on 09/11/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Upon completion of the current special investigation, renewal of the license and special certification is recommended.

Jennifer Browning

Jennifer Browning
Licensing Consultant

09/12/2023

Date