



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 17, 2023

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

RE: License #: AS340285830  
**Prairie Creek**  
**1017 Prairie Creek Rd.**  
**Ionia, MI 48846**

Dear Mr. 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 by **11/1/23**.
  - Send verification of *Resident Funds Part II* documents showing less than \$200. Also send training documentation showing the direct care staff members are trained on the policies regarding personal funds.
  - Send Resident B's updated *Assessment Plan for AFC Residents*.
  - Send verification that Resident A's Tums are now at the facility and documentation direct care staff members have been trained regarding having medications at the facility.

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,

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**

<b>License #:</b>	AS340285830
<b>Licensee Name:</b>	Crisis Center Inc - DBA Listening Ear
<b>Licensee Address:</b>	107 East Illinois Mt Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 709-8239
<b>Licensee Designee:</b>	James Boyd
<b>Administrator:</b>	Jenny Jacobs
<b>Name of Facility:</b>	Prairie Creek
<b>Facility Address:</b>	1017 Prairie Creek Rd. Ionia, MI 48846
<b>Facility Telephone #:</b>	(616) 522-0513
<b>Original Issuance Date:</b>	04/23/2007
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/12/2023

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

Date of Health Authority Inspection if applicable: 06/14/2023

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Jenny Jacobs, administrator

- 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. Resident Funds were not available on-site at the time of inspection.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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

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.**

**(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 A's resident record did not include an *Assessment Plan for AFC Residents* for 2022. Resident B's resident record did not include an *Assessment Plan for AFC Residents* for 2023.

**R 400.14312**      **Resident medications.**

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

Resident A had a prescription for Tums and they have not been available at the facility for her since October 1, 2023.

**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 which were documented on her *Resident Funds Part II* form were over \$200.00 for several months.

A corrective action plan was requested and approved on 10/12/2023. 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 closure of the special investigation, renewal of the license and special certification is recommended.

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

10/17/2023

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Date