



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 31, 2022

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

RE: License #: AS460014910  
Russell Road Home  
3663 Russell Road  
Tecumseh, MI 49286

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 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 black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616)-240-3850

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

**I. IDENTIFYING INFORMATION**

**License #:** AS460014910

**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:** Russell Road Home

**Facility Address:** 3663 Russell Road  
Tecumseh, MI 49286

**Facility Telephone #:** (517) 423-8029

**Original Issuance Date:** 06/10/1993

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/18/2022; 5/27/22

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Environmental/Health Inspection if applicable: 3/2/22

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 4  
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.
- 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.  
No incident reports received
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

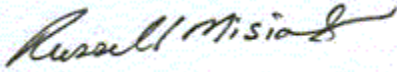
I recommend issuance of a 2-year regular adult foster care license.



5/31/22

Dwight Forde  
Licensing Consultant

Date



7/14/22

Russell Misiak  
Area Manager

Date