

GRETCHEN WHITMER GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 14, 2024

James Boyd 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. 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 sending a picture of the corrected water temperature and a written policy regarding documentation of resident personal funds on the Resident Funds Part II by 3/31/24.

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,

Gennifer 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 #: AS370011270

Licensee Name: Crisis Center Inc - DBA Listening Ear

Licensee Address: 107 East Illinois

Mt Pleasant, MI 48858

Licensee Telephone #: (989) 773-6904

Licensee Designee: James Boyd

Administrator: Candy Gath

Name of Facility: Isabella Home

Facility Address: 2599 S Isabella Road

Mount Pleasant, MI 48858

Facility Telephone #: (989) 773-0326

Original Issuance Date: 10/10/1986

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	3/14/202	24	
Date	e of Bureau of Fire Services Inspection if appl	icable:	Not applicable	
Date	e of Environmental/Health Inspection if applica	able:	Not applicable	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		2 4	
•	Medication pass / simulated pass observed?	Yes ⊠	No ☐ If no, explain.	
•	Medication(s) and medication record(s) revie	wed? Ye	es 🗵 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square If no, explain.			
•	Fire drills reviewed? Yes ⊠ No □ If no, ex	kplain.		
•	Fire safety equipment and practices observe	d? Yes[⊠ No ☐ If no, explain.	
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes ⊠ No [- /		
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expla	in.	
•	Corrective action plan compliance verified? 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 400.14315 Handling of resident funds and valuables.

(8) All resident fund transactions shall require the signature of the resident or the resident's designated representative and the licensee or prior written approval from the resident or the resident's designated representative.

Resident A's funds were counted and compared to the *Resident Funds Part II* form. The form included documentation Resident A had \$101.04 in personal funds but their personal funds were counted and there was only \$83.98. Direct care staff member Ms. Andrew stated Resident A went on an outing with a relative and \$20.00 was given to the relative then but there was no documentation or receipt for that transaction.

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 temperature in the resident bathroom was only 72 degrees.

A corrective action plan was requested and approved on 03/14/2024. 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. Renewal of the license and special certification is recommended.

Gennifer Browning	03/14/2024	
Jennifer Browning	Date	
Licensing Consultant		