

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 4, 2024

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

RE: License #: AS370011305

Manors Home 1521 Manor Lane

Mount Pleasant, MI 48858

Dear Mr. Boyd:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan.

The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 #: AS370011305

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: Jenny Jacobs

Name of Facility: Manors Home

Facility Address: 1521 Manor Lane

Mount Pleasant, MI 48858

Facility Telephone #: (989) 772-0198

Original Issuance Date: 04/30/1992

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 11/04/2 | 024 |
|------|---|--|--|
| Date | e of Bureau of Fire Services Inspection if appl | licable: | Not applicable |
| Date | e of Health Authority Inspection if applicable: | | Not applicable |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Adminis | trator Je | 2 3 nny Jacobs |
| • | Medication pass / simulated pass observed? | Yes 🗵 | No ☐ If no, explain. |
| • | Medication(s) and medication record(s) review | wed? Y | res ⊠ No □ If no, explain. |
| • | Resident funds and associated documents reversed. No left no, explain. Meal preparation / service observed? Yes the inspection was not done during meal time appeared safe and free from spoilage and concequipment was in good repair, and the facility serve adequate meals. Fire drills reviewed? Yes No left no, explain the serve and the facility serve adequate meals. | ☐ No ☑ nes. The ontamina y appear | If no, explain. food at the facility ation, the food service |
| • | Fire safety equipment and practices observe | d? Yes | ⊠ No If no, explain. |
| • | E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⊠ No [| • , | |
| • | Incident report follow-up? Yes \boxtimes No \square If | no, expla | ain. |
| • | Corrective action plan compliance verified? N/A Number of excluded employees followed-up? | | CAP date/s and rule/s: N/A ⊠ |
| • | Variances? Yes ⊠ (please explain) No ☐ 301.7 - There is a current variance to use an | | e Resident Care Agreement |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

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.

Both hallway bathrooms had a faucet temperature that did not reach 105°. The bathroom on the right side of the hallway would not raise above 75° and the bathroom on the left side of the hallway would not raise above 90°.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification are recommended.

| Gennifer Browning | 11/04/2024 | |
|----------------------|------------|--|
| Jennifer Browning | Date | |
| Licensing Consultant | | |