



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 14, 2025

Lourdes Besse  
1218 Center Ave  
Port Huron, MI 48060

RE: License #: AF740417905  
Center Avenue  
1218 Center Ave  
Port Huron, MI 48060

Dear Lourdes Besse:

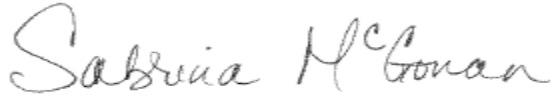
Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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) 673-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in a dark ink and is positioned above the printed contact information.

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF740417905
<b>Licensee Name:</b>	Lourdes Besse
<b>Licensee Address:</b>	1218 Center Ave Port Huron, MI 48060
<b>Licensee Telephone #:</b>	(616) 550-5297
<b>Licensee/Licensee Designee:</b>	Lourdes Besse
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Center Avenue
<b>Facility Address:</b>	1218 Center Ave Port Huron, MI 48060
<b>Facility Telephone #:</b>	(616) 550-5297
<b>Original Issuance Date:</b>	07/18/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/10/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 01/10/2025

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
No residents in care.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain.  
No residents in care.
- Resident funds and associated documents reviewed for at least one resident?  
Yes ☐ No ☒ If no, explain. No residents in care.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.  
No residents in care.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
No residents in care.
- 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 IRs to review.
- 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:

**MCL 400.713** License required; application; forms; investigation; on-site evaluation; issuance or renewal of license; disclosures; maximum number of persons; stating type of specialized program; issuance of license to specific person at specific location; transferability of license; sale of facility; notice; items of noncompliance; refusal by department to issue or renew license; conditions; unlicensed facility; violation as misdemeanor; penalty; receipt of completed application; issuance of license within certain time period; inspections; report; criminal history and records check; storage of fingerprints in automated fingerprint identification system database; convictions; "completed application" defined.

(3) Before issuing or renewing a license, the department shall investigate the activities and standards of care of the applicant and shall make an on-site evaluation of the facility. On-site inspections conducted in response to the application may be conducted without prior notice to the applicant. On-site inspections conducted for renewing a license may be conducted within 12 months before the expiration date of the current license without impact on the license renewal date or the license fee. Subject to subsections (9), (10), and (11), the department shall issue or renew a license if satisfied as to all of the following:

(a) The financial stability of the facility.

(b) The applicant's compliance with this act and rules promulgated under this act.

(c) The good moral character of the applicant, or owners, partners, or directors of the facility, if other than an individual. Each of these persons shall be not less than 18 years of age.

(d) The physical and emotional ability of the applicant, and the person responsible for the daily operation of the facility to operate an adult foster care facility.

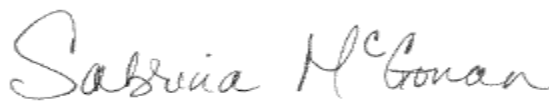
(e) The good moral character of the licensee or licensee designee, owner, partner, director, and person responsible for the daily operation of the facility. The applicant is responsible for assessing the good moral character of the employees of the facility. The person responsible for the daily operation of the facility shall be not less than 18 years of age.

This facility has not had any residents in care since its original license issuance on 07/18/2024.

A corrective action plan was requested and approved on 01/10/2025. 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.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Issuance of a provisional license is recommended.



January 14, 2025

Sabrina McGowan  
Licensing Consultant

Date

Approved by:



January 14, 2025

Mary E. Holton  
Area Manager

Date