



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 13, 2025

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

RE: Application #: AS340419055
Pearl St AFC
1332 Pearl St
Lake Odessa, MI 48849

Dear Mr. Boyd:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of six (6) is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS340419055
Applicant Name:	Crisis Center Inc - DBA Listening Ear
Applicant Address:	107 East Illinois Mt Pleasant, MI 48858
Applicant Telephone #:	(989) 773-6904
Licensee Designee:	James Boyd
Administrator:	James Boyd
Name of Facility:	Pearl St AFC
Facility Address:	1332 Pearl St Lake Odessa, MI 48849
Facility Telephone #:	(616) 891-1294
Application Date:	12/17/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/17/2024	Enrollment
12/17/2024	Application Incomplete Letter Sent
12/17/2024	PSOR on Address Completed
12/17/2024	File Transferred To Field Office
12/18/2024	Application Incomplete Letter Sent
01/28/2025	Application Complete/On-site Needed
01/28/2025	Inspection Completed On-site
01/28/2025	Inspection Completed-BCAL Sub. Compliance
01/28/2025	Confirming Letter Sent
02/05/2025	Documentation received of corrections made to home.
02/05/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pearl St. AFC is a ranch, single level home and is located within the city of Lake Odessa. When entering Pearl St. AFC, one will enter into a sitting room. Through the sitting room, is an open room that contains the living room, dining room and kitchen. Within the living room, is a couch, TV, four individual chairs and door that leads to the backyard. The dining room contains a table that seats eight. Off from the kitchen, is a staff office and laundry room. Through the laundry room is the entrance to the two-stall garage. The garage is used for storage and each resident has their own storage closet. Four resident bedrooms are in a hallway off from the living room. When entering the hallway, single resident bedrooms are located on each side. A full bathroom is located on each side of the hallway. At the end of the hallway and on each side of the hallway is a double resident bedroom. At the very end of the hallway is an exit door that leads to the side of the home. The home is wheelchair accessible and has 2 approved means of egress that lead to the outside. Pearl St. AFC home utilizes public water and sewage.

The gas furnace and gas hot water heater are located in the on the main floor in the garage within a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup,

which was installed by a licensed electrician and is fully operational. The facility also has a fully operational sprinkler system.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom number	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'9" X 15'15"	169 Square feet	1
2	10'9" X 14'10"	154 Square feet	1
3	10'8" X 14'10"	152 Square feet	2
4	15'5" X 10'10"	157 Square feet	2

The living, dining, and sitting room areas measure a total of 878 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults whose diagnosis is developmentally disabled, mental illness or physically handicapped, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Right Door as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs that are local. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Crisis Center Inc - DBA Listening Ear, Inc., which is a Non Profit Corporation was established in Michigan, on 10/1971. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Crisis Center Inc - DBA Listening Ear, Inc. have submitted documentation appointing James Boyd as Licensee Designee for this facility and James Boyd as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator, James Boyd. Mr. Boyd licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. James Boyd has been working with Listening Ear and adult foster homes since 1995 and has worked with individuals diagnosed with mental illness and/or developmental disability that whole time.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff –to- 6 residents per shift. The applicant acknowledges that the staff 2 to 6 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff 2 to 6 resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 2 to 6 resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care with a capacity of six residents.

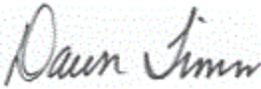


02/07/2025

Amanda Blasius
Licensing Consultant

Date

Approved By:



02/13/2025

Dawn N. Timm
Area Manager

Date