



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 12, 2025

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

RE: License #: AS370011281
Mt Pleasant Home
908 Sansote
Mt Pleasant, MI 48858

Dear Ms. Seger:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules.

Contingent upon an approved corrective action plan (for the special investigation), closure of the current special investigation (2025A1029023 dated 3/11/2025), and not receiving another special investigation before the 1st Provisional license expires renewal of the license and special certification are recommended. 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) 335-5985.

Sincerely,

A handwritten signature in black ink that reads 'Jennifer 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 #: AS370011281

Licensee Name: Crisis Center Inc - DBA Listening Ear

Licensee Address: 107 East Illinois
Mt Pleasant, MI 48858

Licensee Telephone #: (989) 773-6904

Licensee Designee: Cynthia Seger

Administrator: Kaila Morris

Name of Facility: Mt Pleasant Home

Facility Address: 908 Sansote
Mt Pleasant, MI 48858

Facility Telephone #: (989) 772-0564

Original Issuance Date: 03/01/1988

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/08/2025

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 2 Role: Mr. Boyd and Ms. Morris

- 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.
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
2025A1029023 SIR date 3/11/2025 as310(1)(d), 2024A1029050 as303(2) dated 5/28/2024 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
3/11/2025 301 (7) Resident Care Agreement is on different form.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

Contingent upon an approved corrective action plan, closure of the current special investigation (2025A1029023 dated 3/11/2025), and not receiving another special investigation before the 1st Provisional license expires (6/2/2025), renewal of the license and special certification are recommended.



Jennifer Browning
Licensing Consultant

05/12/2025
Date