

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 5, 2025

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

RE: License #: AS340419055

Pearl St AFC 1332 Pearl St

Lake Odessa, MI 48849

Dear Mrs. Seger:

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license 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) 335-5985.

Sincerely,

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

Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS340419055

Licensee Name: Crisis Center Inc - DBA Listening Ear

Licensee Address: 107 East Illinois

Mt Pleasant, MI 48858

Licensee Telephone #: (989) 773-6904

Licensee/Licensee Designee: Cynthia Seger

Administrator: James Boyd

Name of Facility: Pearl St AFC

Facility Address: 1332 Pearl St

Lake Odessa, MI 48849

Facility Telephone #: (616) 891-1294

Original Issuance Date: 02/13/2025

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Dat	e of On-site Inspection(s):	08/04/2025
Dat	e of Bureau of Fire Services Inspection if applicable:	NA
Dat	e of Health Authority Inspection if applicable:	NA
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:	3 5
•	Medication pass / simulated pass observed? Yes \boxtimes	No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? 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 $oximes$ No $oximes$ If no, explain.	
•	Fire safety equipment and practices observed? Yes [⊠ No lf no, explain.
•	E-scores reviewed? (Special Certification Only) Yes If no, explain. Water temperatures checked? Yes No If no, explain.	
•	Incident report follow-up? Yes ⊠ No ☐ If no, expla	in.
•	Corrective action plan compliance verified? Yes ☐ C	CAP date/s and rule/s:
•		N/A 🖂
•	Variances? Yes ⊠ (please explain) No ☐ N/A ☐ R 400.14301 7	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14208 Direct care staff and employee records.

- (1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
 - (f) Verification of reference checks.

At the time of inspection, references checks were unavailable for review in Mariah Proctor's direct care worker file. Direct care worker, Mariah Proctor was hired on 6/19/2025.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Amanda Blasius Date Licensing Consultant