



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 19, 2026

Drew Kersjes  
CMHB Of CEI Counties  
Suite 115  
812 E Jolly Road  
Lansing, MI 48910

RE: License #: AS330011147  
**Gilcrest Home**  
**1410 Gilcrest**  
**East Lansing, MI 48823**

Dear Mr. Kersjes:

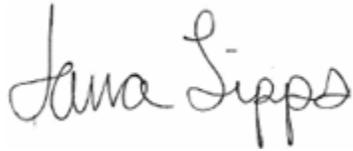
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in black ink on a white background.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330011147

**Licensee Name:** CMHB Of CEI Counties

**Licensee Address:** Suite 115  
812 E Jolly Road  
Lansing, MI 48910

**Licensee Telephone #:** (517) 346-8200

**Licensee/Licensee Designee:** Drew Kersjes, Designee

**Administrator:** Drew Kersjes

**Name of Facility:** Gilcrest Home

**Facility Address:** 1410 Gilcrest  
East Lansing, MI 48823

**Facility Telephone #:** (517) 346-9596

**Original Issuance Date:** 11/17/1981

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/09/2026

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

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 5

No. of others interviewed N/A Role: [REDACTED]

- 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.
- 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: 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:

**R 400.619                      Emergency preparedness plan.**

**(7) A licensee shall ensure that all staff are instructed and retrained quarterly per calendar year, and new staff on hire, with respect to their duties and responsibilities under the emergency preparedness plan, on the operation of the fire alarm and other fire protection equipment. A record of the instruction must be maintained for 2 years.**

During the on-site inspection I requested the direct care staff set off the fire alarm for observation of a working smoke detection system. There were multiple direct care staff members on-site for this inspection and not one of the individuals present, could successfully demonstrate how to test the smoke detection equipment.

**R 400.685                      Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:**

**(b) The services to be provided and the fee for those services.**

During the on-site inspection I reviewed the resident records for three residents. None of the reviewed records noted the amount to be billed for the resident room and board costs on the *Resident Care Agreement* forms. The room and board charges must be recorded on all *Resident Care Agreement* documents.

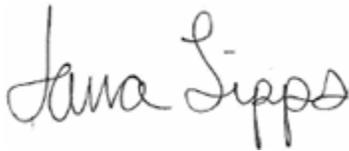
**R 400.725                      Means of egress.**

(3) Doors that form a part of a required means of egress must be equipped with positive-latching, non-locking-against-egress hardware and have a width to allow for residents requiring wheelchairs or other devices to easily navigate through doorways.

During the on-site inspection I observed the front door/main entrance to the facility to be equipped with a deadbolt lock that was not an emergency egress interconnected deadbolt lock. I also observed the second form of egress from the facility was located behind a locked door leading to the direct care staff office. A resident must obtain keys from a direct care staff member to access this second form of egress from the facility. Residents cannot be obstructed from achieving a safe exit from the facility.

#### **IV. RECOMMENDATION**

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



1/19/26

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Jana Lipps  
Licensing Consultant

Date