GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

Gwen Williams
CMHB Of CEI Counties
Suite 115
812 E Jolly Road
Lansing, MI 48910

RE: Application #: AL330419436
Bridges Crisis Unit
2900 Stabler St
Lansing, MI 48910

Dear Ms. Williams:

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 16 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) 335-5985.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330419436
Licensee Name:	CMHB Of CEI Counties
Licensee Address:	Suite 115 812 E Jolly Road Lansing, MI 48910
Licensee Telephone #:	(517) 346-8200
Licensee Designee:	Gwen Williams
Administrator:	Gwen Williams
Name of Facility:	Bridges Crisis Unit
Facility Address:	2900 Stabler St Lansing, MI 48910
Facility Telephone #:	(517) 346-8400
Application Date:	04/15/2025
Capacity:	16
Program Type:	MENTALLY ILL

II. METHODOLOGY

04/15/2025	On-Line Enrollment
04/17/2025	PSOR on Address Completed
04/17/2025	Contact - Document Sent BFS letter
04/17/2025	Contact - Document Sent-forms sent
04/17/2025	Lic. Unit received background check file from review Red Screen approval for Gwen Williams - multiple facilities in good standing since last disciplinary action
05/15/2025	File Transferred To Field Office
05/23/2025	Application Incomplete Letter Sent to Gwen Williams
06/16/2025	Contact - Document Received- Admission policy, fire alarm plans, floor plan, lease, program statement, staffing pattern, training, transcripts
08/08/2025	Application Incomplete Letter Sent updated letter to show what was still missing.
08/12/2025	Contact - Document Received-Discharge policy
10/28/2025	Contact - Document Received- personnel policies
03/24/2026	Contact - Document Received- Board of Directors, LD, organizational chart
04/08/2026	Contact - Document Received -Medical and communicable disease screening form
05/26/2026	Inspection Completed BCAL Sub. Compliance- On-site Met with Gwen Williams to tour facility
07/22/2026	Inspection completed – Bureau of Fire Services – A rating
07/28/2026	Inspection completed on-site - Full compliance, Met with Gwen Williams. Received Certificate of Occupancy.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Bridges Crisis Unit (BCU), is located at the former McLaren Greenlawn Campus within the Holmesdale Subdivision, in Lansing MI. The BCU occupies the second floor, inside the newly developed Crisis Care Center which is a space for adults, youth and families facing behavioral health emergencies, offering immediate intervention to stabilize individuals in distress and reduce hospitalizations and emergency room use for behavioral health needs.

Bridges Crisis Unit (BCU) is a 16 bed, 24-hour secured intensive crisis residential program designed to provide concentrated, comprehensive services and support to individuals who are recovering from an acute psychiatric crisis. Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for people experiencing an acute psychiatric crisis. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. BCU staff include psychiatrists, nurses, social workers, peer support specialists and paraprofessionals.

BCU is in the greater Lansing area which provides plenty of opportunities to utilize local community resources including libraries, local museums, shopping centers, and events at Michigan State University for additional entertainment and leisure activities. There is adequate parking located at the facility. Due to the facility's location, it utilizes both public water and sewage systems which were both inspected by the Bureau of Community Health Systems on 07/28/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

A lease document completed on 12/30/2024 was submitted between the Ingham County Building Authority and the County of Ingham showing that the Community Mental Health Authority of Clinton Eaton Ingham Counties (CMH-CEI) requested the county to acquire, renovate, furnish this property for use by the Bridges Crisis Unit. A sublease was also submitted and also completed on 12/30/2024 showing the agreement between Ingham County and Community Mental Health CEI to use the space for the Bridges Crisis Unit.

I received a copy of an email dated 06/02/2026 from City of Lansing Zoning Administrator Susan Stachowiak showing verification that the proposed 16 bed 24/7 intensive crisis residential program at 2900 Stabler Street is permitted without the need for any special land use permits, rezoning, or other zoning approvals because the inpatient program is permitted as a continuation of the previous use of the site as a hospital.

Bridges Crisis Unit (BCU) is located at the former McLaren Greenlawn Campus and is located on the second floor. The facility does not have wheelchair ramps or exits at grade; however, a variance has been submitted for approval allowing the living, dining, bedroom and bathroom space for residents with mobility concerns to be on the second floor of the facility. There are two primary stairwells as a means of egress and two sets of elevators that will lead to the first floor. The variance also approves alternative means to assist residents with mobility concerns to safely and quickly exit the facility in the event of an emergency.

The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

Upon exiting the elevators, residents enter a lobby and waiting area, followed by keyed-access doors that lead into the main hallway containing resident bedrooms. The 16 bedrooms are arranged in a circular layout around the interior corridor. The unit includes a kitchen, dining room, and a living room equipped with a television, as well as a laundry room with electric washers and dryers. Each resident bedroom has an attached full bathroom, which includes a toilet, sink, stand-up shower, and a mechanical ventilation fan.

Additional spaces within the facility include a shared conference room, visitation room, medical supply storage, observation rooms, examination rooms, meeting rooms, a nurses' station, and staff restrooms. There is also a bullpen area with multiple desks designated for use by direct care staff.

The heat plant for the facility is a Heating, Ventilation, and Air Conditioning (HVAC) system installed to maintain indoor air quality, temperature control, and comfort throughout the facility. The HVAC system is located on the penthouse-level rooftop level of the building. The system also includes a central chiller that supplies cooling for the building's air-conditioning. Each room is equipped with individual heating and cooling controls, allowing occupants to adjust the temperature as needed. Five fire extinguishers are installed throughout the facility, including one located in the kitchen.

The mechanicals (including the HVAC system) were inspected on 05/05/2026 and electrical inspection was on 06/10/2026 both by the City of Lansing Building Safety Office both were determined to be in good condition and functioning properly. The final Certificate of Occupancy was approved by the City of Lansing on 07/23/2026.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be

maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back up, which was inspected by City of Lansing Building Safety Office on 05/05/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas and in various areas throughout the facility.

The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. The Bureau of Fire Services conducted an inspection of the facility on 07/22/2026 and determined the facility to be in substantial compliance with fire safety standards.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17’6” X 13’1”	229	1
2	16’2” X 12’8”	205	1
3	17’11” X 11’2”	200	1
4	17’8” X 10’10”	191	1
5	17’1” X 11’4”	194	1
6	18’2” X 10’6”	191	1
7	17’10” X 10’9”	192	1
8	18’10” X 10’9”	202	1
9	17’6” X 11’4”	198	1
10	17’6” X 11’4”	198	1
11	16’10” X 11’4”	191	1
12	17’6” X 11’9”	206	1
13	19’2” X 11’3”	216	1
14	17’8” X 11’1”	196	1
15	17’9” X 11’1”	197	1
16	18’2” X 10’7”	192	1

The living, dining, and sitting room areas measure a total of 875 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 sixteen (16) 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to sixteen (16) male and female adults whose diagnosis is mental illness in the least restrictive environment possible.

The applicant's program will also provide individualized support adapted to each resident's cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from crisis services, case managers, or from psychiatric services. Ms. Williams indicated individuals in crisis would first go to their intake department for an evaluation, and then the determination would be made if they meet the criteria for the Bridges Crisis Unit.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

C. Applicant and Administrator Qualifications

The applicant is CMHB of CEI Counties, Inc., which is a Non-Profit Corporation that was established in Michigan. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 Chair of CMHB of CEI Counties, Inc, Inc. have submitted documentation appointing Gwen Williams as licensee designee and administrator for this facility. In case of Ms. Williams absence, Meagan Harris is designated to provide necessary assistance.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Williams. Ms. Williams submitted a medical clearance with a statement from a physician documenting good health, dated 03/31/2026 and has a baseline screening for communicable diseases and records of illness on hiring.

Ms. Williams has submitted documentation demonstrating that she meets all qualification and training requirements outlined in the administrative group home rules. She has extensive experience working with individuals with mental illness and holds a Master of Social Work degree. Ms. Williams is currently employed as the Crisis Program Supervisor. Ms. Williams began her employment with Community Mental Health Bridges in 1991 as relief staff, providing her with 35 years of experience in the field. She has assisted individuals with activities of daily living, including personal care, medication administration, meal preparation, mobility support, and behavioral interventions. In addition, she has management experience involving staff supervision, adherence to licensing standards, and oversight of resident care and documentation.

The staffing pattern for the original license of this 16 bed facility is adequate and includes a minimum of 2 direct care staff members to 16 residents per shift. The applicant acknowledges that the staff –to- 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 to 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 to 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 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 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 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 recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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.

If applicable; The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home with a maximum capacity or 16 residents.



__ _____07/29/2026_____

Jennifer Browning — Date
Licensing Consultant

Approved By:



07/31/2026

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Dawn N. Timm — Date
Area Manager