



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 24, 2021

Theresa Biron  
Apt. B 1  
1507 Jerome St  
Lansing, MI 48912

RE: License #: AF330269949  
**White Crane Home**  
**1507 Jerome Street**  
**Lansing, MI 48912**

Dear Ms. Biron:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- **You are to submit documentation of compliance by December 9, 2021**

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. 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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
[Browningj1@michigan.gov](mailto: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**

<b>License #:</b>	AF330269949
<b>Licensee Name:</b>	Theresa Biron
<b>Licensee Address:</b>	Apt. B 1 1507 Jerome St Lansing, MI 48912
<b>Licensee Telephone #:</b>	(517) 676-4921
<b>Licensee:</b>	Theresa Biron
<b>Name of Facility:</b>	White Crane Home
<b>Facility Address:</b>	1507 Jerome Street Lansing, MI 48912
<b>Facility Telephone #:</b>	(517) 930-1342
<b>Original Issuance Date:</b>	05/06/2005
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/23/2021

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

Date of Health Authority Inspection if applicable: Not applicable.

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed [redacted] 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.  
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:  
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 400.1421                      Handling of resident funds and valuables.**

**(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted in writing by the department.**

Resident Funds II forms were not completed for all residents to document the board and care payments.

**REPEAT VIOLATION ESTABLISHED. [SEE RENEWAL LSR DATED 12/4/2019. CAP APPROVAL DATED 11/26/2019].**

**R 400.1431                      Bedrooms generally.**

**(3) Interior doorways of bedrooms occupied by residents shall be equipped with a side-hinged, permanently mounted door equipped with positive-latching, non-locking-against-egress hardware.**

Resident A's bedroom is not equipped with a side-hinged, permanently mounted door equipped with positive latching, non-locking against egress hardware. Resident A's room does not have a door. The door off the kitchen that leads to Resident A's bedroom and hallway area, however that door does not have positive-latching, non-locking-against-egress hardware.

A corrective action plan was requested and approved on 11/23/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

*Jennifer Browning* 11/24/2021

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Licensing Consultant

Date