



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 27, 2024

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

RE: License #: AL330079965
Bridges Crisis Unit (AFC)
812 E Jolly Rd
Lansing, MI 48910

Dear Gwen Williams:

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. Please send pictures of the nonskid surfacing installed and the MWBC letters by **7/11/24**.

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,

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 #: AL330079965

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 (AFC)

Facility Address: 812 E Jolly Rd
Lansing, MI 48910

Facility Telephone #: (517) 346-8415

Original Issuance Date: 06/04/1999

Capacity: 16

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/26/2024

Date of Bureau of Fire Services Inspection if applicable: 6/12/2024

Date of Health Authority Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

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. Ms. Williams stated there are no personal funds kept on-site.
- 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 400.15201 **Qualifications of administrator, direct care staff, licensee, and members of household; provision of names of employee, volunteer, or member of household on parole or probation or convicted of felony; food service staff.**

(10) All members of the household, employees, and those volunteers who are under the direction of the licensee shall be suitable to assure the welfare of residents.

All 5 employee records reviewed did not have an eligibility letter from Michigan Workforce Background Check confirming this person was eligible to work in an AFC setting.

R 400.15403 **Maintenance of premises.**

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The two larger bathrooms with showers do not have nonskid surfacing installed in the showers to prevent falls.

A corrective action plan was requested and approved on 06/26/2024. 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 and special certification is recommended.



Jennifer Browning
Licensing Consultant

06/27/2024

Date