



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

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

April 28, 2025

RE: Application #: AS260419003
Spring St AFC
1411 N Spring St
Gladwin, MI 48624

Dear Mr. Boyd:

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 six 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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW
Grand Rapids MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS260419003
Applicant Name:	Crisis Center Inc - DBA Listening Ear
Applicant Address:	107 East Illinois Mt Pleasant, MI 48858
Applicant Telephone #:	(989) 773-6904
Licensee Designee:	James Boyd
Name of Facility:	Spring St AFC
Facility Address:	1411 N Spring St Gladwin, MI 48624
Facility Telephone #:	(989) 424-0424 11/26/2024
Application Date:	
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/18/2024	Inspection Completed-Fire Safety : A
11/26/2024	Enrollment
11/26/2024	PSOR on Address Completed
11/26/2024	File Transferred To Field Office
02/07/2025	Contact - Document Sent To LD Jim Boyd regarding documents still needed
02/13/2025	Application Complete/On-site Needed
02/26/2025	Inspection Completed On-site
02/26/2025	Inspection Completed-Env. Health : A
03/04/2025	Lic. Unit received background check file from review NS and cont processing for R. Castrop
03/06/2025	Inspection Completed-BCAL Sub. Compliance
03/13/2025	Confirming letter sent to LD Jim Boyd
03/25/2025	Inspection Completed On-site
03/25/2025	Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Spring Street is a ranch style home located in a subdivision with four bedrooms located on the main floor of the home. The home is located by parks right off of the main road of the city of Gladwin. There are six bedrooms for with two bathrooms. There is a kitchen, living room, dining room and laundry room. The home is wheelchair accessible and has 2 approved means of egress.

The furnace and hot water heater are located in the basement in a room that is constructed of material that has a one-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11 X 14.6	160.6	2
2	11 X 14.6	160.6	2
3	11 X 14.6	160.6	1
4	11 X 14.6	160.6	1

The living, dining, and sitting room areas measure a total of 560 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six** 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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six** male ambulatory or nonambulatory adults who are aged or who are diagnosed with a mental illness, a developmental disability, a physical handicap, those diagnosed with traumatic brain injuries, those diagnosed with Alzheimer's disease in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the residents person centered plan.

Programs for the Physically Handicapped will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for the Traumatologically Brain Injured will include physical and occupational therapy as prescribed, assistance with activities of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each resident's Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Crisis Center, Inc., which is a "Non Profit Corporation" was established in Michigan, on 10/01/1971. 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.

A criminal history background check was conducted for the applicant Licensee Designee Jim Boyd and administrator Robyn Castrop. They have been determined to be of good moral character. The applicant Licensee Designee and administrator submitted a statement from a physician documenting their good health and current negative TB-test results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this **six** bed facility is adequate and includes a minimum of **one** staff to **six** residents per shift during awake hours and **one** staff to six residents during sleeping hours. All staff shall be awake and will be allowed to sleep 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

facilities 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 training suitability and qualification 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 employees record to demonstrate compliance.

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 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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, 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written

notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form 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 that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).

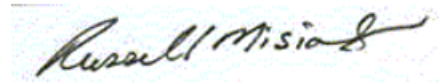


4/28/25

Johnnie Daniels
Licensing Consultant

Date

Approved By:

A handwritten signature in black ink, appearing to read "Russell Misiak", written over a light blue horizontal line.

4/30/25

Russell B. Misiak
Area Manager

Date