



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 24, 2025

Mary Fussman  
Central Mich Non-Profit Housing  
P.O. Box 631  
Mt. Pleasant, MI 488040631

RE: License #: AM370404603  
**McVey Street Home**  
**901 McVey**  
**Mt Pleasant, MI 48858**

Dear Mrs. Fussman:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are 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) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads '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**

<b>License #:</b>	AM370404603
<b>Licensee Name:</b>	Central Mich Non-Profit Housing
<b>Licensee Address:</b>	PO Box 631 901 McVey St Mt Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 772-0574
<b>Licensee Designee:</b>	Mary Fussman
<b>Administrator:</b>	Mary Fussman
<b>Name of Facility:</b>	McVey Street Home
<b>Facility Address:</b>	901 McVey Mt Pleasant, MI 48858
<b>Facility Telephone #:</b>	(989) 772-3359
<b>Original Issuance Date:</b>	01/25/2021
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/24/2025

Date of Bureau of Fire Services Inspection if applicable: 05/02/2025, 05/16/2025

Date of Health Authority Inspection if applicable: Not applicable.

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 9

No. of others interviewed Role:

- 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:  
2025A1029041 CAP received 6/23/2025 - Rule 400.14303 (2) 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 12).



Jennifer Browning  
Licensing Consultant

06/24/2025

Date