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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 24, 2025

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

RE: License #: AS370011310

**Pickard St Home** 

1831 Pickard, Mt Pleasant, MI 48858

Dear Mrs. Fussman:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action may follow. 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,

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 #:** AS370011310

**Licensee Name:** Central Mich Non-Profit Housing

Licensee Address: PO Box 631

901 McVey St

Mt Pleasant, MI 48858

**Licensee Telephone #**: (989) 772-0574

Licensee Designee: Mary Fussman

**Administrator:** Mary Fussman

Name of Facility: Pickard St Home

Facility Address: 1831 Pickard

Mt Pleasant, MI 48858

**Facility Telephone #:** (989) 772-4901

Original Issuance Date: 02/01/1993

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/24/2025			
Date of Bureau of Fire Services Inspection if applicable: Not applicable.			
Date of Environmental/Health Inspection if applicable: Not applicable.			
No. of staff interviewed and/or observed  No. of residents interviewed and/or observed  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.			
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes ∑ No ☐ If no, explain.</li> <li>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.</li> <li>Fire drills reviewed? Yes ∑ No ☐ If no, explain.</li> </ul>			
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.			
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ⋈ No ⋈ N/A ⋈ If no, explain.</li> <li>Water temperatures checked? Yes ⋈ No ⋈ If no, explain.</li> </ul>			
Incident report follow-up? Yes ⊠ No □ If no, explain.			
<ul> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: 2025A0622026 as303(2) 03/14/2025 and 2024A1029039 as304(1)(o) as304(2) 03/27/2024 N/A ∑</li> <li>Number of excluded employees followed-up? N/A ∑</li> </ul>			
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 400.18313 Emergency preparedness.

(6) Fire drills shall be conducted quarterly and a record of their performance shall be maintained. Evacuation planning shall include the possibility of the nighttime movement of patients.

While reviewing the fire drills, it appears there were no fire drills conducted for the months of December 2024, January 2025, February 2025, March 2025, April 2025, or June 2025.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended for this AFC.

Gennifer Browning	07/24/2025	
Jennifer Browning	Date	
Licensing Consultant		