

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 21, 2025

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

RE: License #: AS050071211

North Limits

1179 North Limits Mancelona, MI 49659

Dear Mr. Boyd:

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: An on-site inspection will be conducted. 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 (616) 356-0100.

Sincerely,

Adam Robarge, Licensing Consultant

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Bureau of Community and Health Systems

701 S. Elmwood, Suite 11 Traverse City, MI 49684

(231) 350-0939

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AS050071211

Licensee Name: Crisis Center Inc - DBA Listening Ear

Licensee Address: 107 East Illinois

Mt Pleasant, MI 48858

Licensee Telephone #: (989) 773-6904

Licensee/Licensee Designee: James Boyd, Designee

Administrator: Sherry Kidd

Name of Facility: North Limits

Facility Address: 1179 North Limits

Mancelona, MI 49659

Facility Telephone #: (231) 587-8688

Original Issuance Date: 05/16/1996

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

Certified Programs: DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date o	of On-site Inspection(s):	08/19/2	025
Date o	of Bureau of Fire Services Inspection if appl	icable: I	N/A
Date o	of Environmental/Health Inspection if applica	able:	05/28/2025
No. of	f staff interviewed and/or observed f residents interviewed and/or observed f others interviewed 1 Role: Administ	trator	3 4
• N	Medication pass / simulated pass observed?	Yes 🛚	No 🗌 If no, explain.
• N	Medication(s) and medication record(s) revie	wed? Y	es 🗵 No 🗌 If no, explain.
Υ	Resident funds and associated documents re ∕es ⊠ No ⊡ If no, explain. ⁄leal preparation / service observed? Yes ∑		
• F	Fire drills reviewed? Yes 🗵 No 🗌 If no, ex	kplain.	
• F	rire safety equipment and practices observe	d? Yes	⊠ No □ If no, explain.
lf	E-scores reviewed? (Special Certification On f no, explain. Vater temperatures checked? Yes ⊠ No [• /	
• Ir	ncident report follow-up? Yes 🗌 No 🛛 If	no, expla	ain.
	Corrective action plan compliance verified? N/A ⊠ Number of excluded employees followed-up?	_	CAP date/s and rule/s: N/A ⊠
• V	/ariances? 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 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

The refrigerator in the garage of the home was above 40 degrees Fahrenheit at the time of the inspection.

A corrective action plan was requested and approved on 08/19/2025. 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

I recommend issuance of a two-year regular adult foster care license.

Adam Robarge Date
Licensing Consultant