



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 11, 2026

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

RE: License #: AS180010525  
Investigation #: 2026A1038016  
Weatherhead Home

Dear Mr. Boyd:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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 that reads "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  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS180010525
<b>Investigation #:</b>	2026A1038016
<b>Complaint Receipt Date:</b>	01/22/2026
<b>Investigation Initiation Date:</b>	01/22/2026
<b>Report Due Date:</b>	03/23/2026
<b>Licensee Name:</b>	Crisis Center Inc - DBA Listening Ear
<b>Licensee Address:</b>	107 East Illinois Mt Pleasant, MI 48858
<b>Licensee Telephone #:</b>	(989) 773-0326
<b>Administrator:</b>	James Boyd
<b>Licensee Designee:</b>	James Boyd
<b>Name of Facility:</b>	Weatherhead Home
<b>Facility Address:</b>	749 Richard St Harrison, MI 48625
<b>Facility Telephone #:</b>	(989) 539-6661
<b>Original Issuance Date:</b>	02/06/1985
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	07/30/2025
<b>Expiration Date:</b>	07/29/2027
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A was not given medication as prescribed.	Yes

**III. METHODOLOGY**

01/22/2026	Special Investigation Intake 2026A1038016
01/22/2026	Special Investigation Initiated - Telephone call made to the complainant
02/03/2026	Inspection Completed On-site
02/03/2026	Contact - Face to Face interview was conducted with Resident A.
02/03/2026	Contact - Face to Face interview was conducted with home manager Billie Thomas.
02/03/2026	Contact - Document Received from home manager Billie Thomas.
02/03/2026	Exit conference- with LD Robyn Castrop
02/06/2026	Inspection Completed-BCAL Sub. Compliance

**ALLEGATION:**

**Resident A was not given medication as prescribed.**

**INVESTIGATION:**

On 1/22/26, I conducted an interview with the complainant who verified the information.

On 2/3/26, I conducted an unannounced investigation at the facility. I conducted an interview with home manager Billie Thomas. Ms. Thomas verified on 1/17/26, Resident A was not given her proper medication. Ms. Thomas stated direct care staff (DCS) Sarah McMichael was administering medication the day of the missed

medication. Ms. Thomas stated the DCS McMichael did not follow the proper missed medication protocol.

On 2/3/26, I reviewed the incident report (IR) of the missed medication of Resident A. The IR confirmed, Resident A did not receive her primary care prescription of medication consisting of two 500 milligrams of Tylenol, Two milligrams of Ibuprofens, one 10 milligrams of Claritin and one 50 milligrams of Tramadol. Which are all to be given orally. I reviewed Resident A's health care appraisal, assessment plan and primary care plan, and medication administration records, which verified the medications and when they are to be administered.

On 2/3/26, I was unable to interview Resident A due to her not being able to properly communicate.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.</b>
<b>ANALYSIS:</b>	Based on my investigation, along with my interview with staff and the review of documents. There is enough corroborating evidence of Resident A's medication not being administered as prescribed.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **IV. RECOMMENDATION**

Contingent upon the receipt of an approved corrective action plan. I recommend the status of the license to remain unchanged.



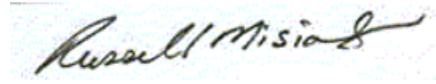
2/9/26

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Johnnie Daniels  
Licensing Consultant

Date

Approved By:

Handwritten signature of Russell B. Misiak in black ink.

2/11/26

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Russell B. Misiak  
Area Manager

Date