



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 24, 2026

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

RE: Application #: AS540420160
Pineport AFC
915 N Dekraft
Big Rapids, MI 49307

Dear Mr. Boyd:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license and special certification with a maximum capacity of 6 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Browning".

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS540420160
Applicant Name:	Crisis Center Inc - DBA Listening Ear
Applicant Address:	107 East Illinois Mt Pleasant, MI 48858
Applicant Telephone #:	(989) 773-0326
Licensee Designee:	James Boyd
Administrator:	James Boyd
Name of Facility:	Pineport AFC
Facility Address:	915 N Dekraft Big Rapids, MI 49307
Facility Telephone #:	(231) 796-3993
Application Date:	12/16/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/16/2025	Enrollment
12/16/2025	Application Incomplete Letter Sent-requested updated FPs
12/16/2025	PSOR on Address Completed
12/16/2025	Contact - Document Sent form sent
01/12/2026	Contact - Document Received-RI030
01/12/2026	File Transferred To Field Office
01/13/2026	Application Incomplete Letter Sent -sent to Jim Boyd
01/28/2026	Contact - Document Received-Furnace, trainings, TB test, smoke detection system, floor plans, emergency procedures and evacuation plans sent by Jim Boyd
02/05/2026	Contact - Document Received - Budget, organizational chart, staffing pattern
02/11/2026	Contact - Document Received - Admission policy, articles of Inc. refund policy, resume, routine procedures sent by Jim Boyd
02/13/2026	Contact – Special certification application received by Jim Boyd.
02/19/2026	Inspection completed- BCAL Full Compliance. Face to face with Jim Boyd and Dawn Vallad, water heater inspection received.
02/20/2026	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Pineport AFC is located in Big Rapids, MI. Pineport AFC is a large ranch style home situated on 1.59 acres which makes for a peaceful setting while still being close to amenities located in Big Rapids. Pineport AFC has vinyl siding and brick near the doorway.

Pineport AFC is owned by Community Mental Health of Central Michigan. Crisis Center, Inc. will be leasing the property and the agreement between the two companies is that the lease will commence on the date the AFC license is issued. I received permission for property to operate as an Adult Foster Care facility and for Licensing and

Regulatory Affairs to inspect the property. There is a management agreement on file between Valley Residential Services, Inc. and Crisis Center d.b.a. Listening Ear which will expire upon issuance of the AFC license whereas Crisis Center, Inc. agrees to perform all operations at this facility.

Upon entering Pineport AFC, there is a large open concept sitting room, dining room, and kitchen with a hallway down to the right with four resident bedrooms and two full resident bathrooms. The first bathroom on the right side of the hallway bathroom has a full bathroom with a stand up walk in shower. The second bathroom on the left side of the hallway has a toilet, sink, and whirlpool bathtub. Both bathrooms have a mechanical fan for ventilation.

Off the kitchen area, there is a staff office and/or medication room and laundry room. The garage is accessible through the laundry room. There are multiple means of egress from the facility including the front door, an exit door at the end of the bedroom hallway leading to the side of the home, a door off the living room which exits to a back porch and a door on the side of the garage which exits to the south side of the home. The laundry room is equipped with an electric washer and dryer which is vented to the outside using permanent metal duct work.

The facility is wheelchair accessible and has two approved means of egress from the home which are at grade. The facility's doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces. As the facility is deemed wheelchair accessible, residents who require the regular use of a wheelchair can be admitted to the facility.

The gas furnace and gas hot water heater are located on the main floor in the garage within a room that is constructed of materials that provide a 1-hour-fire resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The furnace was inspected on 11/03/2025 by Stratz Heating and Cooling and the water heater was inspected on 2/19/2026 by Pure Plumbing Solutions, LLC and both were determined to be in good condition and functions properly. The electrical system at Pineport AFC was inspected on 02/17/2026 by Zeny's Electric.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 12/04/2025 by Fire Pros Fire Protection Services and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, and similar spaced along with all areas that contain flame or heat producing equipment.

Pineport AFC is also fully sprinkled and this sprinkler system was inspected on 11/25/2025 by Fire Pros Fire Protection Services and was determined to be fully operational and in good condition. On the same date, the emergency lighting and fire extinguishers were also inspected and found to be in good condition. According to the report submitted by Fire Pros there are five fire extinguishers at the AFC located in the garage, office / kitchen, hallway, furnace room in garage, and van.

Due to the facility’s location, it utilizes both public water and sewage systems. The remainder of the facility was inspected by this consultant on 02/19/2026 and determined to be in substantial compliance with all applicable environmental health and safety rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15’4”X10’10”	166 sq. feet	2
2	15’4”X10’10”	166 sq. feet	2
3	14’9”X10’10”	160 sq. feet	2
4	14’9”X 10’8”	157 sq. feet	Currently an office

Bedroom 4 is currently used as an office but could also be used as a resident bedroom if needed and is large enough for two residents. If this was used, two other bedrooms would be converted into single bedrooms as the maximum capacity for the facility is six residents.

The living, dining, and sitting room areas measure a total of 688 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six** (6) 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, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female ambulatory or non-ambulatory adults whose have a diagnosis of developmental disability, mentally illness, and/or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies, local Department of Health and Human Services, programs or agencies working with the aged populations such as Area on Aging of Western Michigan or Mecosta County Commission on Aging, private pay individuals, and Adult Protective Services as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or a vehicle that is owned by the licensee, administrator, or direct care staff on duty. Since the license has a special certification for developmental disabilities and mentally impaired, the applicant shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Crisis Center Inc - DBA Listening Ear, Inc., which is a Non-Profit Corporation was established in Michigan in October 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.

The Board of Directors of Crisis Center Inc - DBA Listening Ear, Inc. have submitted documentation appointing James Boyd as licensee designee and administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator James Boyd. Mr. Boyd

submitted a medical clearance request with statements from a physician documenting this good health and negative results for any communicable disease.

Mr. Boyd has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Boyd has been working with Listening Ear in adult foster homes since 1995 and has worked with individuals diagnosed with mental illness and/or developmental disability since that time. Mr. Boyd has provided residents with assistance in activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. Mr. Boyd also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of two staff to six residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours. Mr. Boyd 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 facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Mr. Boyd acknowledged an understanding of the qualifications, suitability, and training 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.

Mr. Boyd 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 employee's record to demonstrate compliance. Mr. Boyd 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 directly with residents. In addition, Mr. Boyd acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Mr. Boyd 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, Mr. Boyd 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.

Mr. Boyd 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. Mr. Boyd acknowledges their responsibility to obtain the required 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Mr. Boyd acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Mr. Boyd acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. Mr. Boyd acknowledges this document 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.

Mr. Boyd acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Mr. Boyd indicated that it is their intent to achieve and maintain compliance with these requirements.

Mr. Boyd acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Mr. Boyd acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and special certification to this adult foster care small group home with a capacity of six residents.

Jennifer Browning

Jennifer Browning
Licensing Consultant

02/24/2026

Date

Approved By:

Dawn Timm

02/24/2026

Dawn N. Timm
Area Manager

Date