



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 23, 2026

Nichole Taylor  
CMHB Of CEI Counties  
Suite 115  
812 E Jolly Road  
Lansing, MI 48910

RE: License #: AL330015396  
**M.A.C. House**  
**634 M.A.C.**  
**East Lansing, MI 48823**

Dear Ms. Taylor:

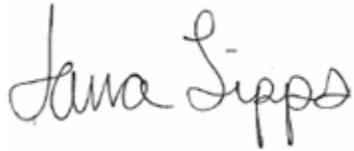
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or home for the aged authorized representative 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 will result.

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 black ink that reads "Jana Lipps". The signature is written in a cursive, flowing style.

Jana Lipps, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AL330015396

**Licensee Name:** CMHB Of CEI Counties

**Licensee Address:** Suite 115  
812 E Jolly Road  
Lansing, MI 48910

**Licensee Telephone #:** (517) 346-8200

**Licensee/Licensee Designee:** Nichole Taylor, Designee

**Administrator:** Nichole Taylor

**Name of Facility:** M.A.C. House

**Facility Address:** 634 M.A.C.  
East Lansing, MI 48823

**Facility Telephone #:** (517) 337-9340

**Original Issuance Date:** 05/23/1994

**Capacity:** 16

**Program Type:** MENTALLY ILL  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/20/2026

Date of Bureau of Fire Services Inspection if applicable: 9/22/25

Date of Environmental/Health Inspection if applicable: N/A

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 12  
No. of others interviewed 1 Role: licensee designee

- 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. The licensee designee does not hold cash funds for any of the current residents.
- Meal preparation / service observed? Yes  No  If no, explain. The inspection took place prior to the noon meal.
- 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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
The licensee designee had a prior approved variance for Rule 315.3 from the previous adult foster care licensing ruleset. This variance is no longer effective since the promulgation of the new ruleset on 11/3/25.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.647                      Safety and maintenance of premises.**

**(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.**

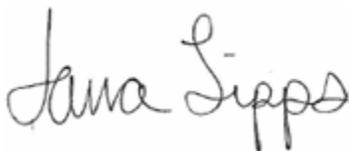
**(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.**

During the on-site inspection I conducted a walkthrough of the entire facility. I observed the following:

- The vent covers located in the ceilings/walls for HVAC purposes were covered with dust/dirt and required cleaning and maintenance. These vents are located throughout the facility, in resident bedrooms, hallways, and common areas.
- Bedroom #4 was observed to have a light fixture that was not functioning correctly and required maintenance.
- Bedroom #5 was observed to have a faulty window crank on the window. The window could open when someone pushes against the window with their hand but then must be closed from the outside due to the faulty crank. This will need to be repaired.
- Bedroom #15 was observed to have a light switch that was loose and not securely connected. This will need to be repaired.
- Bedrooms #10 and #11 were both observed to have thick, black, dirt/dust on the ceiling near the ceiling vent. This will need to be cleaned.
- The window screens in the entire facility need to be cleaned as they were observed to be covered with dust/cobwebs/dirt.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



2/23/26

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Jana Lipps  
Licensing Consultant

Date