



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 7, 2026

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

RE: Application #:	AS060420272 Orchard Bay AFC 400 Orchard St Standish, MI 48658
--------------------	------------------------------------------------------------------------

Dear James Boyd:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license 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) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS060420272
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
Name of Facility:	Orchard Bay AFC
Facility Address:	400 Orchard St Standish, MI 48658
Facility Telephone #:	(989) 846-4666
Application Date:	02/04/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

02/04/2026	Enrollment
02/04/2026	PSOR on Address Completed
02/05/2026	File Transferred To Field Office
02/12/2026	Application Incomplete Letter Sent
03/13/2026	SC- Application Received- Original
03/25/2026	Inspection Completed On-site
04/03/2026	Confirming Letter Sent
04/07/2026	Application Complete/On-site Needed
04/07/2026	Inspection Completed- BCAL Full Compliance
04/07/2026	Recommend License Issuance
04/07/2026	SC Recommend- MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Orchard Bay AFC is located at 400 Orchard St. Standish, MI 48658 and is situated on the corner of N. Cass Street and Orchard Street. The home is East of Huron Shores Heritage Rte. and North of Cedar Street. It is a single-story, four bedroom home, with vinyl siding. It also contains a kitchen, two full bathrooms, front sitting room, living room, dining room, laundry room, office, pantry, attached garage, and medication closet. It does not have a crawl space or basement. The home was previously licensed by Valley Residential Services Inc.- AS060010188 and has been continuously licensed since 12/26/1990. The home is currently leased by Crisis Center Inc - DBA Listening Ear. The home is owned by DeShano Construction Company.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. An annual fire sprinkler systems inspection was completed on 09/16/2025 by Summit Fire Protection. An annual fire and safety equipment inspection was conducted on 10/13/2025 by Summit Fire

Protection. A furnace inspection was conducted on 04/06/2026 by McBride Heating & Cooling Inc. and was deemed in good working order.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1- Southeast	10 ft 10 in x 17 ft 3 in – 2ft 4 in x 6 ft 8 in	171.32	1
2- Southwest	14ft 11 in x 10 ft 10 in- 2 ft 4 in x 6 ft 8 in	146.04 sq. ft.	2
3- Northwest	15 ft 5 in x 10 ft 10 in	167 sq. ft.	2
4- Northeast	10 ft 11 in x 15 ft 4 in	167.4 sq. ft.	1

The living, dining, and sitting room areas measure a total of 685.1 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The home is wheelchair accessible.

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, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male or female ambulatory adults, aged 18 and older whose diagnosis is physically handicapped, developmentally disabled and/or mentally impaired, 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. Residents will be referred from Community Mental Health.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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, on 10/01/1971. A Restated Articles of Incorporation was for Crisis Center Inc. on 01/13/1998. 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 has submitted documentation appointing James Boyd as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff -to- 6 residents per shift. It is the intent of the corporation that all staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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.

The applicant 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant 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, the applicant 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.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The applicant 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.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

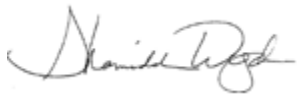
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this adult foster care small group home (capacity 3-6).



04/07/2026

Shamidah Wyden
Licensing Consultant

Date

Approved By:



04/07/2026

Mary E. Holton
Area Manager

Date