



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 24, 2026

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

RE: License #: AS370011270  
**Isabella Home**  
**2599 S Isabella Road, Mount Pleasant, MI 48858**

Dear Mr. Boyd:

Attached is the Licensing Study Report for the above referenced facility. The study has 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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee 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 "Jennifer Browning".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS370011270

**Licensee Name:** Crisis Center Inc - DBA Listening Ear

**Licensee Address:** 107 East Illinois  
Mt Pleasant, MI 48858

**Licensee Telephone #:** (989) 773-0326

**Licensee Designee:** James Boyd

**Administrator:** Kaila Morris

**Name of Facility:** Isabella Home

**Facility Address:** 2599 S Isabella Road  
Mount Pleasant, MI 48858

**Facility Telephone #:** (989) 773-0326

**Original Issuance Date:** 10/10/1986

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED

**Certified Programs:** DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2026

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Environmental/Health Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Kaila Morris, administrator

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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   
as301(7) Granted on 3/11/25 because Listening Ear uses their own Resident Care Agreement form.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

<p><b>R 400.631</b></p>	<p><b>Health screenings.</b></p>
	<p><b>(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.</b></p>
<p>Direct care staff member Ms. Gilmore's employee record did not include an initial medical clearance signed by a licensed physician within 30 days of her start date.</p>	
<p><b>R 400.637</b></p>	<p><b>Handling of resident funds and valuables.</b></p>
	<p><b>(3) A licensee shall have a record of resident valuables for each resident that includes a written description of the items, the date received, and the date returned to the resident or the resident's designated representative, and the record must be signed at the time of receipt and return by the facility and the resident or the resident's designated representative.</b></p>
<p>Resident A's Resident Funds Part II form indicated he had \$30.21 available, however there was \$30.36 in the pouch.</p> <p>Resident B's Resident Funds Part II form indicated she had \$135.58, however there was only \$130.58 available in the pouch.</p> <p><b>This is a repeat violation of the previous equivalent rule 400.14315 (8) from the renewal on 03/14/2024 and a CAP was completed.</b></p>	
<p><b>R 400.647</b></p>	<p><b>Safety and maintenance of premises.</b></p>
	<p><b>(15) Sidewalks, fire escape routes, and entrances must be kept reasonably free of hazards, such as ice, snow, and debris.</b></p>

The cement on the walkway going into the facility is broken up and could pose a trip hazard to someone walking into the facility.	
<b>R 400.647</b>	<b>Safety and maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.</b>
The tile around the toilet in the resident bathroom is missing.	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(2) Prescribed medication must be kept in the original pharmacy container and labeled for a specific resident. Over-the-counter medication must be kept in the original manufacturer's container. Prescription and over-the-counter medication must be kept in a locked cabinet or drawer and refrigerated if required. Equipment necessary to administer a medication must be easily accessible and used only for the resident for whom it is prescribed unless generally used for all residents.</b>
Resident C's Medication Administration Record (MAR) states he is prescribed Diphenhydramine 25 mg caps as a PRN but this medication was not available at the facility. Ms. Morris stated he did not require this in a long time but the medication was not discontinued.	

#### IV. RECOMMENDATION

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

*Jennifer Browning*

Jennifer Browning  
Licensing Consultant

03/24/2026

Date