GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 20, 2026

Trisha Zizumbo
Oakland Community Health Network
5505 Corporate Dr
Troy, MI 49098

RE: Application #: AL630420260
OCHN Resource and Crisis Center
32E
1200 N Telegraph Road
Pontiac, MI 48341

Dear Trisha Zizumbo:

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 16 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 (248) 972-9136.

Sincerely,

Frodet Dawisha

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3044 W. Grand Blvd
2nd Floor Annex, Ste 2-730
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL630420260
Licensee Name:	Oakland Community Health Network
Licensee Address:	5505 Corporate Dr Troy, MI 49098
Licensee Telephone #:	(248) 858-1210
Administrator/Licensee Designee:	Kari Wright
Licensee Designee:	Trisha Zizumbo
Name of Facility:	OCHN Resource and Crisis Center
Facility Address:	32E 1200 N Telegraph Road Pontiac, MI 48341
Facility Telephone #:	(248) 858-1210
Application Date:	02/02/2026
Capacity:	16
Program Type:	MENTALLY ILL

II. METHODOLOGY

02/02/2026	On-Line Enrollment
02/03/2026	PSOR on Address Completed
02/24/2026	Contact - Document Received 1326/RI030 and IRS letter.
02/25/2026	File Transferred To Field Office
03/09/2026	Application Incomplete Letter Sent
04/10/2026	Inspection Completed-Fire Safety: A
06/09/2026	SC-Application Received - Original
07/02/2026	Application Complete/On-site Needed
07/06/2026	Inspection Completed On-site
07/06/2026	Inspection Completed-BCAL Sub. Compliance
08/11/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

OCHN Crisis and Resource Center is located at the 1200 North Telegraph, Oakland County Service Center East Campus, in the City of Pontiac Michigan, Oakland County. The facility is located inside the Crisis Resource Center Building # 32E, which is a space for adults, you and families facing behavioral health emergencies, offering immediate intervention to stabilize individuals in distress and reduce hospitalizations and emergency room use for behavioral health needs. OCHN Crisis and Resource Center occupies the lower level of the building.

Trisha Zizumbo is primary licensee designee and Dr. Kari Wright will be secondary licensee designee and the administrator of this facility.

OCHN Resource and Crisis Center is a 16-bed, 24-hour secured intensive crisis residential program designed to provide concentrated, comprehensive services and support to individuals who are recovering from an acute psychiatric crisis. Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for people who experience acute psychiatric crises. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an

inpatient stay. OCHN Resource and Crisis Center staff include psychiatrists, nurses, social workers, peer support specialists and paraprofessionals.

OCHN Resource and Crisis Center is in the Pontiac area which provides plenty of opportunities to utilize local community resources that are within two miles of convenient neighborhood shopping outlets and strip malls along the M-59 corridor. McLaren Oakland Hospital is less than five miles from this facility and for all emergency needs, Oakland County Sheriff's Department and the Waterford Regional Fire Department will be utilized. There is adequate parking at the facility. Due to the facility's location, it utilizes both public water and sewage system.

A sublease was made and entered in 2012 by and between the County of Oakland, a Michigan municipal and Oakland County Community Mental Health Authority. A receipt of lease along with permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property was received.

Zoning approval, dated 06/18/2026, was submitted by the applicant documenting City of Pontiac, MI permitted the facility to operate as an adult foster care.

OCHN Resource and Crisis Center is on the lower level of the building. Upon exiting the elevators to the lower level, card access must be made before entering the residential crisis unit. There is a waiting area with a staff desk to greet residents. There are at least two-three staff always stationed at the desk. The staff office and medication room are directly across the staff desk. The 16 bedrooms are arranged in a "L," shape around the desk area. The unit includes 16 single occupancy bedrooms with 12 private full bathrooms and two shared bathrooms. Each bathroom has a toilet, sink, stand up shower and a mechanical ventilation fan. A variance approves alternate dressers in the 16-bedrooms as each bed has built in drawers, a nightstand and additional hooks on the wall for residents' clothes and personal items.

In addition to the bedrooms and bathrooms, the facility has a kitchen connected to a large dining area which also leads to the outside that is fenced in with table benches for residents to enjoy. There is an art and a wellness room. The wellness room is equipped with exercise equipment. There are three (3) offices near the laundry room for clinicians and administration to use that are not accessed by residents. There is a half bathroom to accommodate visitors and staff. The exits are at grade and at two approved means of egress from the lower level; therefore, the facility is wheelchair accessible and can accept residents who require the regular use of a wheelchair. The facility's doorways to the dining room, art room, wellness room, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The heat plant for the facility is a heating, ventilation, and air conditioning (HVAC) system installed to maintain indoor air quality, temperature control, and comfort throughout the facility. The HVAC system is located on the penthouse-level rooftop of

the building. The system also includes a central chiller that supplies cooling for the building's air conditioning. Fire extinguishers were located throughout the lower level.

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 furnace and electrical system were inspected by licensed inspector, respectively, and both were determined to be in good condition and function properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on the lower level.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician and determined to be fully operational and in good condition. Smoke detectors are located in all living and sleeping areas and similar spaced along with all areas that contain flame or heat producing equipment.

The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. The Bureau of Fire Services conducted an inspection of the facility on 12/01/2025 and determined the facility to be in substantial compliance with fire safety standards.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'04 x 6'03"	83	1
2	13'04 x 6'03"	83	1
3	13'04 x 6'03"	83	1
4	13'04 x 6'03"	83	1
5	13'04 x 6'03"	83	1
6	13'04 x 6'03"	83	1
7	13'04 x 6'03"	83	1
8	13'04 x 6'03"	83	1
9	13'04 x 6'03"	83	1
10	13'04" x 6'04"	83	1
11	16'01" x 10'	160	1
12	16'07" x 10' x 7' x 7'	215	1
13	14'02" x 7'03"	103	1

14	15’04” x 9’09” x 5’11” x 4’06”	176	1
15	16’07” x 9’09” x 5’11” x 5’06”	139	1
16	16’07” x 6’05”	106	1
			Total 16

The living, dining, sitting, art and wellness room areas measure a total of **2490** 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 **16** 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 sixteen (**16)** both male and female ambulatory and non-ambulatory adults whose diagnosis is mental illness in the least restrictive environment possible.

The applicant’s program will also provide individualized support adapted to each resident’s cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

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 crisis services, case managers, or from psychiatric services. Ms. Zizumbo and Dr. Wright indicated individuals in crisis would first go to their intake department for an evaluation, and then the determination would be made if they meet the criteria for the Crisis Residential Unit.

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 vehicle that is owned by the licensee, administrator, or direct care staff on duty.

C. Applicant and Administrator Qualifications

The applicant is Oakland Community Health Network and is a Government Agency. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents.

The Board of Directors of Oakland Community Health Network have submitted documentation appointing Trisha Zizumbo as primary Licensee Designee for this facility and Dr. Kari Wright as the secondary Licensee Designee and the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Zizumbo and Dr. Wright. Ms. Zizumbo submitted a medical clearance with a statement from a physician documenting good health.

Dr. Wright also submitted a medical clearance with a statement from a physician documenting good health and has a baseline screening for communicable diseases and records of illness on hiring.

Ms. Zizumbo and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Zizumbo has extensive professional experience working within the public behavioral health system serving adults with mental illness through her roles with Oakland Community Health Network and other Oakland County programs. As a Director of Justice Initiatives & Training and as Chief Operating Officer at Oakland Community Health Network, she has overseen and collaborated on programs that support adults experiencing mental health crises, including crisis intervention initiatives, jail-based mental health treatment, diversion programs, and partnerships with law enforcement and the courts. This work involves regular coordination with clinicians, behavioral health providers, crisis teams, and community partners to ensure adults with serious mental illness receive appropriate assessment, stabilization, and connection to community-based treatment and support services. Ms. Zizumbo has well over one year of experience working with individuals experiencing behavioral health needs, including crisis response, service planning, and coordination of mental health treatment and support services.

Dr. Wright also possesses experience with the mental health population with OCHN Resource and Crisis Center in addition to management experience involving compliance with licensing requirements, and oversight of staff and documentation.

The staffing pattern for the original license of this **16**-bed facility is adequate and includes a minimum of **2** staff –to- **16** 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.

The applicant 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.

The applicant acknowledges 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.

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) and the related documents required to be maintained in each employee’s 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 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, the applicant 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.

The applicant 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.

The applicant acknowledges their responsibility to obtain the required written assessment, 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.

The applicant 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.

The applicant 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. The applicant 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.

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.

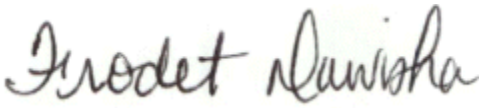
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to OCHN Resource and Crisis Center this adult foster care large group home (capacity 1-16).



08/13/2026

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Frodet Dawisha Date
Licensing Consultant

Approved By:



08/13/2026

_____

Ardra Hunter Date
Area Manager