



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
LANSING

JENNIFER M. GRANHOLM  
GOVERNOR

JANET OLSZEWSKI  
DIRECTOR

December 28, 2007

Cynthia Kelly, Director of Hospital & Center Operations  
Acting Director of  
Mt. Pleasant Regional Centers  
1400 W. Pickard Street  
Mt. Pleasant, MI 48858

Dear Ms. Kelly:

Participation in the Medicare/Medicaid program requires that Intermediate Care Facilities for the Mentally Retarded (ICF/MR) be in compliance with all Conditions of Participation found in 42 CFR 483.400. As the state agency, we assist the Centers for Medicare & Medicaid Services (CMS) by surveying ICF/MR's to determine whether they meet the requirements for participation in the program.

A recertification survey was conducted at your facility on November 26-30, 2007. The CMS-2567, Statement of Deficiencies is enclosed. It was determined that the Mt. Pleasant Regional Center is not in compliance with the following Conditions of Participation for ICF/MR's.

W122, 483.420

Client Protections

Since the facility does not meet the Conditions of Participation, we would normally recommend the termination of your facility's participation in the Medicaid program effective 90 days from the date of the survey. **However, since the Medicaid term limited agreement expires April 30, 2008, we require an acceptable Plan of Correction well in advance of that date.**

A credible PoC must be submitted to this office within 10 working days or by January 16, 2008. This office will make an unannounced visit to verify that the plan has been implemented. If you have questions, please contact me at (313) 4546-0342.

Sincerely,

A handwritten signature in cursive script that reads "Alice B. Turner".

Alice B. Turner, Licensing Officer  
Division of Nursing Home Monitoring  
Bureau of Health Systems

Cc: Jennifer Bigelow-Stambaugh, William Kriss

BUREAU OF HEALTH SYSTEMS  
CADILLAC PLACE, 3026 W. GRAND BOULEVARD, SUITE 11-150, P.O. BOX 02981, DETROIT, MICHIGAN 48202  
www.michigan.gov/bhs • (313) 456-0340