



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

April 29, 2009

James and Berniece Brown  
829 Adams St  
Quinnesec, MI 49876

RE: Application #: AS220300456  
Safe Haven of Iron Mountain  
110 West E Street  
Iron Mountain, MI 49801

Dear James and Berniece Brown:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant  
Bureau of Children and Adult Licensing  
305 Ludington St  
Escanaba, MI 49829  
(906) 789-4606

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS220300456
<b>Applicant Name:</b>	Brown, James and Berniece
<b>Applicant Address:</b>	829 Adams St Quinnesec, MI 49876
<b>Applicant Telephone #:</b>	(906) 774-1449
<b>Administrator/Licensee Designee:</b>	James Brown
<b>Name of Facility:</b>	Safe Haven of Iron Mountain
<b>Facility Address:</b>	110 West E Street Iron Mountain, MI 49801
<b>Facility Telephone #:</b>	(906) 828-1799
<b>Application Date:</b>	02/13/2009
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL DEVELOPMENTALLY DISABLED AGED

## **II. METHODOLOGY**

02/13/2009	Enrollment
02/18/2009	File Transferred To Field Office Marquette office
03/10/2009	Contact - Telephone call received Phone call from Licensee.
03/12/2009	Inspection Completed On-site Initial inspection.
04/06/2009	Contact - Document Received Policies received reviewed.
04/27/2009	Inspection Completed On-site
04/28/2009	Inspection Completed-BFS Full Compliance

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

The home is a large two-story home located within the city limits of Iron Mountain. It is centrally located to schools, parks, and shopping areas. The Licensees, Mr. and Mrs. James Brown, own the home. Proof of ownership was provided and a copy of the mortgage deed is maintained in the file.

The home is neat, clean, and comfortably furnished. The main floor consists of a large living room, two resident bedrooms, a full bath, the kitchen, and dining room. The second floor houses 4 resident bedrooms, a full bath, and a day room. The heat plant is located in the basement area and is equipped with a self-closing fire door. There is an interconnected smoke detection system, with pull stations, which was installed by a certified electrician. Bedrooms have the following dimensions:

Bedroom #1	116 sq. ft.	Approved Capacity 1
Bedroom #2	95 sq. ft.	Approved Capacity 1
Bedroom #3	97 sq. ft.	Approved Capacity 1
Bedroom #4	149 sq. ft.	Approved Capacity 1
Bedroom #5	143 sq. ft.	Approved Capacity 1
Bedroom #6	244 sq. ft.	Approved Capacity 1

This facility has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with required furnishings,

linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home is serviced by municipal water and sewage from the city of Iron Mountain.

## **B. Program Description**

The facility proposes to serve adults that are Mentally Ill, Developmentally Disabled, and Aged. The admission policies, program statements, discharge policy, refund policy, personnel policies and job descriptions were reviewed and accepted as written.

The program statement identifies the care and services available in the home, designed to provide assistance to adults and to promote each individual in maintaining an active and enjoyable life. The facility intends to sponsor activities such as bingo, shopping trips, arts and crafts, music, Christmas activities, etc. Safe Haven of Iron Mountain will encourage family involvement.

Transportation to local medical appointments will be provided by the home as needed. Transportation to out-of-area appointments will be arranged with the resident or the resident's representative.

## **Licensee and Administrator Qualifications**

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee(s) and the administrator. The licensee(s) and the administrator submitted a medical clearance request with a statement from a physician documenting good health and current TB-tine negative results.

The licensee(s) and 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 1 staff to 6 residents per awake shift and 1 staff to 6 residents during the sleep shift.

The licensees acknowledged 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 licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensees expressed that FBI fingerprinting and the Michigan State Police LEIN system will be utilized as the process to identify criminal history when assessing good moral character.

The licensees acknowledged 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 licensees have 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 licensees acknowledged 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 licensees acknowledged their responsibility to maintain a current employee record on file in the home for the licensees, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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

The licensees acknowledged 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 licensees have indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intend to comply.

The licensees acknowledged that their written facility menus shall reflect three well-balanced and nutritious meals daily. The licensee(s) are aware of and intend to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged 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 licensees acknowledges his 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.

### C. Rule/Statutory Violations

None.

### IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).



04/29/2009

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Theresa Norton  
Licensing Consultant

Date

Approved By:



04/30/09

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Deborah Clark  
Area Manager

Date