



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

September 18, 2013

Sherri Semans
DS Heavenly Haven LLC
3681 S. Meridian Road
Ovid, MI 48866

RE: Application #: AS780344552
DS Heavenly Haven II
1634 Lynn Street
Owosso, MI 48867

Dear Ms. Semans:

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 (517) 373-2506.

Sincerely,

Christopher Holvey, Licensing Consultant
Bureau of Children and Adult Licensing
4809 Clio Road
Flint, MI 48504
(517) 899-5659

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780344552
Applicant Name:	DS Heavenly Haven LLC
Applicant Address:	1318 S. Chipman Street Owosso, MI 48867
Applicant Telephone #:	(989) 627-7718
Administrator/Licensee Designee:	Sherri Semans
Name of Facility:	DS Heavenly Haven II
Facility Address:	1634 Lynn Street Owosso, MI 48867
Facility Telephone #:	(989) 627-7718
Application Date:	07/19/2013
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/19/2013	Enrollment
07/22/2013	Contact - Document Sent Rules & Act booklets
08/23/2013	Application Incomplete Letter Sent
09/04/2013	Application Complete/On-site Needed
09/05/2013	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

DS Heavenly Haven II is a two-story home with vinyl siding that sits on a city lot located in Owosso, MI. There is an attached two-car garage with concrete floors and room for storage. There is a small wooden deck attached to the back of the facility and is located off the sliding door in the dining room. The facility has a cement driveway for parking for staff and visitors.

The main level of the home consists of a living room, dining room, kitchen, two full baths, laundry room and two resident bedrooms. One of the full baths is attached to and only accessible from bedroom 1. The second level of the facility consists of two bedrooms and one full bathroom.

The furnace and hot water heater are located in the basement and are separated from residents by a fully stopped, solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. The basement will not be accessible for resident use. There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas. The facility is not wheelchair accessible.

The resident bedrooms and all living areas measured as follows:

Living Room	215 square feet	
Bedroom #1	13' x 13' = 169 square feet	2 residents
Bedroom #2	10' x 10' 8" = 106 square feet	1 resident
Bedroom #3	16' 3" x 14' 10" 2' 3" x 7' 8" = 241 total square feet	2 residents
Bedroom #4	17' 7" x 13' = 229 square feet	1 resident

The facility has a public water supply and public sewage disposal system. Both are provided by the city of Owosso.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six or female residents age 18 years and older, who are developmentally disabled and/or mentally ill. The facility has all the comforts of home in a family environment. The program will provide each resident with nutritional meals, basic self-care, and recreational and social activities, while helping them improve in developmental needs and teaching them to live as independently as capable. The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

DS Heavenly Haven LLC is the applicant/licensee and has appointed Sherri Semans as both the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Semans. She has been determined to be of good moral character. Ms. Semans submitted a statement from a physician documenting her good health and current TB-tine negative results.

Sherri Semans has an associate of applied science degree/medical assistant program. She has 19 years of experience working in AFC homes, with 15 years as a direct care staff and manager of a large group home. Ms. Semans has been the licensee of an AFC family home for three years and a small group home for one year, both for developmentally disabled and mentally ill residents. Ms. Semans plans to work at the facility as direct care staff and will be present at the facility on a regular basis to maintain a working knowledge of the residents and their needs and to assist with care of the residents as necessary. Ms. Semans reports that all resident files will be kept on the facility grounds.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. 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, the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form 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.

C. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. 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 to this AFC small group home with a capacity of six (6) residents.



Christopher Holvey
Licensing Consultant

9/19/13
Date

Approved By:



Mary E Holton
Area Manager

9/20/13
Date