



RICK SNYDER
GOVERNOR

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



NICK LYON
INTERIM DIRECTOR

February 5, 2015

James and Berniece Brown
108 West E Street
Iron Mountain, MI 49801

RE: Application #: AF220368292
Safe Haven
108 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 4 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 (906) 226-4171.

Sincerely,

Theresa Norton, Licensing Consultant
Bureau of Children and Adult Licensing
234 West Baraga
Marquette, MI 49855
(906) 280-2519

enclosure

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

I. IDENTIFYING INFORMATION

License #: AF220368292

Applicant Name: Brown, James and Berniece

Applicant Address: 108 West E. Street
Iron Mountain, MI 49801

Applicant Telephone #: (906) 774-1449

Administrator/Licensee Designee: N/A

Name of Facility: Safe Haven

Facility Address: 108 West E Street
Iron Mountain, MI 49801

Facility Telephone #: (906) 774-1449

Application Date: 10/24/2014

Capacity: 4

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

10/24/2014	Enrollment
11/05/2014	Application Incomplete Letter Sent needs 1326 for James and Berniece
12/15/2014	Contact - Telephone call received Phone call from James Brown.
12/15/2014	Application Complete/On-site Needed
01/02/2015	Contact - Telephone call made Phone call to Berneice Brown.
01/06/2015	Inspection Completed On-site
01/12/2015	Contact - Document Received Mortgage/responsible person documents received.
01/12/2015	Inspection Completed-BCAL Full Compliance
01/13/2015	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home was an existing (816 sq. ft.) home built in 1941 that has been completely refurbished. A total 1713 sq. ft. split level (856 each level) addition has been built adjacent to the existing house. The building is located within the city of Iron Mountain. The property sits in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. Proof of ownership was provided and reviewed.

NOTE: Two additional bedrooms, a full bath, and multi-purpose room are being constructed in the lower level for future resident use, but construction is not complete at this time.

The finished portion of the newly constructed home has five (5) bedrooms, four (4) of which will be used for resident occupancy. Each resident will have their own room. The home has a large kitchen and a combined dining and living room area. There is one full bathroom in the home and one ½ bathroom. The home is very neat, clean and comfortably furnished.

The approved bedrooms have the following dimensions:

Bedroom #1	123 sq. ft.	Approved capacity 1
Bedroom #2	114 sq. ft.	Approved capacity 1
Bedroom #3	102 sq. ft.	Approved capacity 1
Bedroom #4	102 sq. ft.	Approved capacity 1

The home has the square footage necessary to accommodate up to 4 residents as requested on the application. The facility is fully equipped with the required furnishings, linens and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home is serviced with municipal water and sewage.

The facility has newly installed integrated smoke detectors that are located in the hallways near the approved bedrooms, the kitchen, lower level, and in the living room area that were tested and found to be in good working order. The home is heated by natural gas. The furnace and water heater are newly installed and are in compliance with all state and local codes. The heating plant is located in the lower level of the home and is totally enclosed with a self-closing metal fire door.

The home does not meet the criteria for accepting residents that require the use of a wheelchair.

A. Program Description

The facility proposes to serve male and female adults that are Aged and/or suffer with Mental Illness or Developmental Disabilities.

The home will offer residents a normalized home environment and integrations with various community resources, and will encourage family involvement. The home will provide activities including church services, shopping, Christmas activities, music, bingo games and more for the resident's enjoyment. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

James and Berneice Brown have operated two adult foster care homes since 2007. Their family home (Safe Haven - AF220291800) was voluntarily closed on 01/01/2015. The group home (Safe Haven of Iron Mountain – AS220300456) is currently licensed in good standing and is located next door to the new enrolled family home.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. and Mrs. James Brown. The Browns submitted medical clearance requests with a statement from a physician documenting good health and current TB-tine negative results.

The staffing pattern for this 4-bed facility is adequate and includes a minimum of 1 staff per 4 residents on the awake-shift, and 1 staff to 4 residents during the sleep shift.

The licensee acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character.

The licensee 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked box and that daily medication logs will be maintained on each resident receiving medication.

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

The licensee 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensee acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensee acknowledged that they will provide three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensee acknowledged their responsibility to obtain all 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

D. Rule/Statutory Violations

None.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult family home (capacity 4).

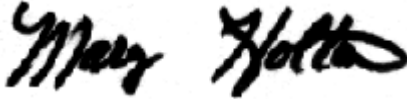


02/05/2015

Theresa Norton
Licensing Consultant

Date

Approved By:



02/05/2015

Mary E Holton
Area Manager

Date