



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 29, 2020

Tamesha Porter  
Safe Haven Assisted Living of Haslett LLC  
5917 Edson St  
Haslett, MI 48840

RE: Application #: AL330404984  
**Safe Haven Assisted Living of Haslett**  
**5917 Edson St**  
**Haslett, MI 48840**

Dear Ms. Porter:

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. If I am not available, and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Dawn M. Campbell".

Dawn Campbell, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5607

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL330404984
<b>Licensee Name:</b>	Safe Haven Assisted Living of Haslett LLC
<b>Licensee Address:</b>	5917 Edson St Haslett, MI 48840
<b>Licensee Telephone #:</b>	(517) 402-1802
<b>Administrator:</b>	Tamesha Porter
<b>Licensee Designee:</b>	Tamesha Porter
<b>Name of Facility:</b>	Safe Haven Assisted Living of Haslett
<b>Facility Address:</b>	5917 Edson St Haslett, MI 48840
<b>Facility Telephone #:</b>	(517) 402-1802
<b>Application Date:</b>	07/08/2020
<b>Capacity:</b>	16
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

01/16/2020	Inspection Completed-Fire Safety : A See AL330301600
07/08/2020	On-Line Enrollment
07/14/2020	Contact - Document Received App; IRS ltr; 1326 & AFC 100 for Tamesha
07/14/2020	File Transferred To Field Office- Lansing
08/03/2020	Application Incomplete Letter Sent
08/31/2020	Application Complete/On-site Needed
08/31/2020	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Safe Haven Assisted Living of Haslett is a large, ranch style facility located in Ingham County in Meridian Township Michigan. The city of Haslett has many amenities for residents to enjoy such as a shopping mall, multiple grocery stores, other specialty shops, nearby Michigan State University as well as a large hospital and multiple specialty physician's in the area. The community has a local library, parades, small concerts and other free events for residents and community members to enjoy throughout the year. The home itself has a front porch and an open deck on the side of the home for resident to enjoy the outdoors. The home also has three full bathrooms, a half bathroom, a shower room, two single occupancy resident bedrooms and seven double occupancy resident bedrooms. The home is wheelchair accessible has wheelchair ramps surrounding the facility at exits and entrances. Hallways and door widths inside of the home can accommodate individuals who use a wheelchair and/or need assistance with mobility. The home has ample parking for visitors and staff members.

The home utilizes public water and public sewage disposal system. The home is equipped with a gas water heater and furnace which are in a utility room inside the facility. The utility room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The utility room is also constructed of material that allows for 1-hour-fire-resistance rating. The facility is equipped with a sprinkler system and fire alarm system. The facility was inspected by the Bureau of Fire Services on 01/16/2020 with the State of Michigan and was determined to be in substantial compliance with applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.7 X 12	150	2
2	10 X 14	140	2
3	13.5 X 11	147	2
4	9.10 X 15	150	2
5	8.9 X 10.9	94	1
6	10.11 X 8.7	93	1
7	10 X 14.9	147	2
8	13.6 X 11.6	155	2
9	12.7 X 12	152	2

The facility has a great room, dining room, and sitting room measure that measures a total of 1376 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, the facility can accommodate sixteen (16) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **A. Program Description**

The applicant intends to provide 24-hour supervision, protection, and personal care to sixteen male and/or female residents who are aged or have been diagnosed with Alzheimer's Dementia. The program offers visiting physicians, three nutritious cooked meals a day, medication administration, recreational activities, and assistance with activities of daily living. The applicant indicated staff members will be trained to accommodate residents who require special diets. The applicant will help residents with hygiene, toileting, and personal boundaries. The applicant will provide residents opportunities to socialize with one another and staff members through activities such as bingo, coloring, reading, puzzles, watching television and enjoying the outdoors. When assisting residents diagnosed with Alzheimer's disease, facility direct care staff members will provide program and activities that minimize and manage disorientation, restlessness, and agitation. In addition, the applicant will provide specific training for direct care staff on working with residents diagnosed with Alzheimer's disease. The applicant intends to accept referrals and/or residents with private sources for payment, Medicaid waiver, PACE Program and Tri-County Office on Aging.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

## **B . Applicant and Administrator Qualifications**

The applicant is Safe Haven Assisted Living, LLC, which is a domestic limited liability company that was established 09/06/2013. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility. This facility is currently licensed and active with residents living in the facility at the time Tamesha Porter submitted an application for licensure.

Tamesha Porter has been appointed as the licensee designee and administrator for the facility. A criminal history background check was completed on 07/14/2020 for Ms. Porter and no criminal convictions were found. Ms. Porter submitted a medical clearance dated 07/22/2020 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Porter. Ms. Porter provided documentation that she has over seven years of experience working with aged adults and residents diagnosed with Alzheimer's disease. Ms. Porter is a current licensee designee for other AFC facilities which are active and in good standing.

The staffing pattern for the original license of this sixteen-bed facility is adequate and includes a minimum of two staff members per shift during daytime hours and one staff per shift during sleeping hours. The applicant acknowledged that the staff to resident ratio may need to be changed in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the responsibility to obtain the required 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the 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**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

