

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

October 8, 2021

Betty Holmes Heavenly Realm Family Services PO Box 3506 Saginaw, MI 48602

RE: License #: AS730370289

Heavenly Realm 5 1814 Cherry Street Saginaw, MI 48601

Dear Ms. Holmes:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit a Statement of Correction.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Christina Garza, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (810) 240-2478

# MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF COMMUNITY AND HEALTH SYSTEMS RENEWAL INSPECTION REPORT

### I. IDENTIFYING INFORMATION

**License #:** AS730370289

**Licensee Name:** Heavenly Realm Family Services

**Licensee Address:** 2236 Hammel Street

Saginaw, MI 48601

**Licensee Telephone #:** (989) 714-9046

Licensee/Licensee Designee: Betty Holmes

Administrator: Betty Holmes

Name of Facility: Heavenly Realm 5

Facility Address: 1814 Cherry Street

Saginaw, MI 48601

**Facility Telephone #:** (989) 714-9046

Original Issuance Date: 04/08/2015

Capacity: 5

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		10/04/2021	
Date of Bureau of	Fire Services Inspection if applica	ble: N/A	
Date of Health Aut	thority Inspection if applicable:	N/A	
Inspection Type:	☐ Interview and Observ☐ Combination	vation 🔀 Worksheet Full Fire Safety	
	ewed and/or observed terviewed and/or observed viewed 1 Role: Licensee D	1 0 esignee	
No current res  Medication(s) No current res  Resident fund Yes ∑ No ☐  Meal preparat No current res	and medication record(s) reviewe sidents.  Is and associated documents revie  If no, explain.  Ition / service observed? Yes	d? Yes $\square$ No $\boxtimes$ If no, explainewed for at least one resident?	
• Fire safety equipment and practices observed? Yes ⊠ No ☐ If no, explain.			
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>			
Incident report follow-up? Yes ⊠ No □ If no, explain.			
<ul> <li>Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: 10/3/19 N/A □</li> <li>Number of excluded employees followed-up? 4 N/A □</li> </ul>			
<ul> <li>Variances? Y</li> </ul>	Variances? Yes ☐ (please explain) No ☐ N/A ☒		

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

This facility was found to be in non-compliance with the following rules:

R 400.14318

Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

At time of inspection, evacuation procedures were not practiced during daytime, evening, and sleeping hours at least once per quarter.

A corrective action plan was requested and approved on 10/04/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Christina Garza Date Licensing Consultant