



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 17, 2022

Tamesha Porter
Safe Haven Assisted Living of Mason LLC
981 Jolly Road
Okemos, MI 48864

RE: Application #: AL330400202
Safe Haven Assisted Living Of Mason
1850 W. Service Drive
Mason, MI 48854

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. In the event that 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL330400202
Licensee Name:	Safe Haven Assisted Living of Mason LLC
Licensee Address:	981 Jolly Rd. Okemos, MI 48864
Licensee Telephone #:	(517) 402-1802
Administrator	Tamesha Porter
Licensee Designee:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living Of Mason
Facility Address:	1850 W. Service Drive Mason, MI 48854
Facility Telephone #:	(517) 244-9055
Application Date:	06/14/2019
Capacity:	16
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

06/14/2019	On-Line Enrollment
06/18/2019	Contact - Document Received App
06/19/2019	Inspection Report Requested - Health Inv. #1029536
06/19/2019	Contact - Document Sent Fire Safety String
06/27/2019	Application Incomplete Letter Sent Sent via email and mail to applicant.
11/02/2021	Contact - Document Received Put in SharePoint.
03/26/2022	Contact - Document Sent Sent email to email address on file regarding documents still needed for original.
04/01/2022	Inspection Completed-Env. Health : A Record of final on-site sewage treatment and water well system. Well approved on 04/01/2022 and septic approved on 03/23/2022.
04/08/2022	Contact - Document Sent Resent email to licensee designee on file regarding documents still needed for original.
04/21/2022	Contact - Telephone call received Licensee designee indicated she was still waiting on BFS report due to the BFS online system being down, per BFS inspector
04/22/2022	Contact - Telephone call made Indicated to LD I would still come on Monday and to still submit the documentation I requested.
04/25/2022	Inspection Completed On-site
04/25/2022	Contact - Document Received Received medical and TB clearance for Administrator/LD, Tamesha Porter.
04/25/2022	Contact - Document Received Received via email pictures of electrical, furnace/hvac, and plumbing inspection approvals.

04/27/2022	Inspection Completed-BCAL Sub. Compliance
04/27/2022	Confirming letter sent
04/27/2022	Contact – Telephone received Ms. Porter indicated she would like to be licensed for 16 residents while she works on putting in additional bathing facility.
04/28/2022	Contact – Document Sent Email to Ms. Porter regarding LLC and needing updated fingerprints.
05/03/2022	Inspection Completed-Fire Safety : A
05/04/2022	Contact – Document Received Received layout of basement, confirmation of trainings for LD/Administrator, college transcripts, evacuation procedures, master key procedures
05/12/2022	Contact – Document Received Confirmed through Business Entity Search licensee is in good standing through SOM.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is situated on an approximate 10 acre parcel in rural Mason. The facility is a combination of a remodeled former home along with complete newly constructed section. This section was completed in Spring 2022. The facility is a ranch style home with an unfinished basement. There are no stairs in the facility other than the stairs leading to the basement, which are only accessible from the outside. Due to the facility's location, it utilizes private water and septic. The applicant submitted a final sewage treatment and water well system inspection from Ingham County Health Department indicating the facility's septic was approved on 03/23/2022 and the well was approved on 04/01/2022. The facility is wheelchair accessible and has at least 2 approved means of egress, which are both at grade.

The facility's main door opens into a foyer. The facility's office and salon are located to the left and beyond the foyer is a large gathering room/living room. An electric fireplace insert is located within this room. There is a half bath (sink and toilet) located off the gathering room/living room that will be accessible to staff, residents, and visitors.

To the right of the foyer is a short hallway. On the right is the facility's kitchen and on the left is the facility's dining room. The end of the hallway leads to another sitting area/activities room. A patio is accessible from this sitting/activities room. Additionally, one of the facility's fire exits is off the sitting area/activities room, which leads to an at grade concrete slab.

There is another hallway from the sitting area/activities room. In this hallway are two wheelchair accessible shower rooms. Each shower room has a toilet, sink and wheelchair accessible shower. Also off this hallway is the facility's medication room, another activities/conference room, a staff break room, a laundry room, and a half bath (sink and toilet). It is the licensee's intention to make this half bath into a full bathroom with a shower in order to increase the facility's capacity to 20 residents.

The middle of the hallway connects to a long corridor where there are 12 resident bedrooms. The facility's second fire exit is at the end of this corridor. On each side of the corridor are 6 resident bedrooms. The first four bedrooms on each side of the corridor have jack and jill style bathrooms meaning the bedrooms share the bathroom. Each of these jack and jill style bathrooms have a toilet and sink. The remaining four bedrooms towards the end of the corridor each have their own half bathroom.

Off the long corridor is the facility's electric furnace, electric hot water heater and fire panel room. This room is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout. The Bureau of Fire Services provided an approved fire inspection report on 05/03/2022.

Two additional furnaces are located in the facility's basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs.

Resident bedrooms measurements were provided by the applicant's architectural plans and confirmed during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	18'8" x 9'9"	182 sq ft	2
2	18'8" x 9'9"	182 sq ft	2
3	18'8" x 9'10"	183 sq ft	2
4	18'8" x 9'10"	183 sq ft	2
5	16'5" x 10'9"	176 sq ft	2
6	16'5" x 10'7"	173 sq ft	2
7	16'5" x 10'6"	172 sq ft	2
8	16'4" x 10'9"	175 sq ft	2
9	18'8" x 9'11"	185 sq ft	1

10	18'8" x 9'10"	183 sq ft	1
11	18'8" x 9'11"	185 sq ft	1
12	18'8" x 9'11"	185 sq ft	1

The living, dining, and sitting room areas measure a total of 1,121 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **sixteen (16)** residents. This is because there are only two shower areas and licensed AFCs are required to have one shower per eight residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection, and personal care to sixteen male and/or female residents who are aged and/or have been diagnosed with Alzheimer's and/or 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.

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency. The licensee will provide transportation for program and medical needs as indicated in the Resident Care Agreements.

C. Applicant and Administrator Qualifications

The applicant is Safe Haven Assisted Living of Mason LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 06/12/2019. The applicant established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Safe Haven Assisted Living of Mason LLC consist solely of Tamesha Porter, which is the facility's Licensee Designee and Administrator.

A criminal history check was conducted on 05/17/2022 and determined the licensee designee is of good moral character and eligible for employment in a licensed adult foster care facility. Tamesha Porter submitted a statement, dated 04/20/2022, from her physician documenting her good health and current negative TB results.

The licensee designee/administrator, Ms. Porter, has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. She provided documentation indicating she has over seven years of experience working with aged adults and residents diagnosed with Alzheimer's disease and/or dementia. Ms. Porter is a current licensee designee for several adult foster care facilities which are active and in good standing.

The staffing pattern for the original license of this 16 bed facility is adequate and includes a minimum of 2 staff to 16 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 and contractors who have regular, ongoing, "direct access" to residents or 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) 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 designee 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 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 acknowledges their 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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.

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 and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home with a capacity of 16 residents.



05/12/2022

Cathy Cushman
Licensing Consultant

Date

Approved By:



05/17/2022

Dawn N. Timm
Area Manager

Date