



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 13, 2022

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

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

Dear Ms. Porter:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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,

A handwritten signature in cursive script that reads "Jana Lipps".

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION 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
Licensee/Licensee Designee:	Tamesha Porter, Designee
Administrator:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living Of Mason
Facility Address:	1850 W. Service Drive Mason, MI 48854
Facility Telephone #:	(517) 402-1802
Original Issuance Date:	05/17/2022
Capacity:	16
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/12/2022

Date of Bureau of Fire Services Inspection if applicable: 5/3/2022

Date of Health Authority Inspection if applicable: 4/1/2022

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 8

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. The facility does not hold funds for any of the current residents.
- Meal preparation / service observed? Yes No If no, explain. Inspection took place between meal times.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

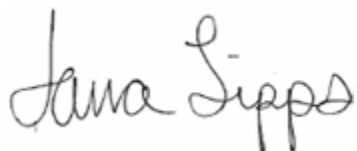
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



10/13/22

Jana Lipps
Licensing Consultant

Date