



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 13, 2022

Jamie Schwalm
Haven Of Rest Inc
Po Box 52
148 E Michigan
Battle Creek, MI 49014

RE: License #: AL130006920
Haven AFC
148 East Michigan Avenue
Battle Creek, MI 49014

Dear Mr. Schwalm:

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,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 230-3704

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

I. IDENTIFYING INFORMATION

License #:	AL130006920
Licensee Name:	Haven Of Rest Inc
Licensee Address:	Po Box 52 148 E Michigan Battle Creek, MI 49014
Licensee Telephone #:	(269) 788-0963
Licensee Designee:	Jamie Schwalm
Administrator:	Jamie Schwalm
Name of Facility:	Haven AFC
Facility Address:	148 East Michigan Avenue Battle Creek, MI 49014
Facility Telephone #:	(269) 788-0963
Original Issuance Date:	01/03/1986
Capacity:	15
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

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

Date of Bureau of Fire Services Inspection if applicable: 03/24/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Medications were already passed.
- 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.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- 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.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).

Kevin L. Sellers

10/13/2022

Kevin Sellers
Licensing Consultant

Date

Approved:

Dawn Timm

Dawn Timm
Area Manager

10/13/2022
Date