



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 28, 2022

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

RE: License #: AM330349436  
**Safe Haven Assisted Living**  
**981 Jolly Road**  
**Okemos, MI 48864**

Dear Ms. Porter:

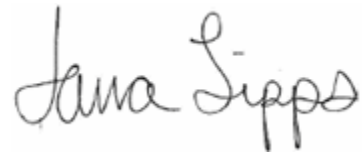
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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". The signature is written in black ink on a white background.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AM330349436

**Licensee Name:** Safe Haven Assisted Living, LLC

**Licensee Address:** 981 Jolly Road  
Okemos, MI 48864

**Licensee Telephone #:** (517) 402-1802

**Licensee/Licensee Designee:** Tamesha Porter, Designee

**Administrator:** Tamesha Porter

**Name of Facility:** Safe Haven Assisted Living

**Facility Address:** 981 Jolly Road  
Okemos, MI 48864

**Facility Telephone #:** (517) 574-4579

**Original Issuance Date:** 02/07/2014

**Capacity:** 12

**Program Type:** ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 07/27/2022

Date of Bureau of Fire Services Inspection if applicable: 6/6/22

Date of Health Authority Inspection if applicable: 3/15/22

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 3  
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. Licensee Designee does not hold funds for any residents.
- Meal preparation / service observed? Yes  No  If no, explain. Inspection took place outside of regular meal time.
- 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? 1 N/A
- 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 400.14205** Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

Direct care staff files for, Ashley Foreman, Darcy Ambs, and Rebecca Singleton were missing evidence of current TB testing within the past three years.

**R 400.14316** Resident records.

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(i) Resident funds and valuables record and resident refund agreement.**

Resident A, B, C, & D records were missing documentation of the Resident Funds Part I form.

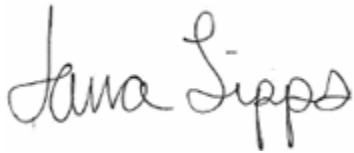
**R 400.14509** Means of egress; wheelchairs.

**(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.**

The original license for this home indicates a wheelchair ramp being used for accessibility of wheelchair bound residents at the two approved means of egress from the first floor. There were no wheelchair ramps observed during this inspection.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



07/28/2022

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Jana Lipps  
Licensing Consultant

Date