



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 7, 2023

Sherri Semans
DS Heavenly Haven LLC
2140 Heavenly Haven Dr
Owosso, MI 48867

RE: License #: AS780319874
DS Heavenly Haven
1318 S. Chipman Street
Owosso, MI 48867

Dear Ms. Semans:

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, reading "Candace Coburn".

Candace Coburn, 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

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|------------------------------------|--|
| License #: | AS780319874 |
| Licensee Name: | DS Heavenly Haven LLC |
| Licensee Address: | 2140 Heavenly Haven Dr Owosso, MI 48867 |
| Licensee Telephone #: | (989) 627-7718 |
| Licensee/Licensee Designee: | Sherri Semans |
| Administrator: | Sherri Semans |
| Name of Facility: | DS Heavenly Haven |
| Facility Address: | 1318 S. Chipman Street Owosso, MI 48867 |
| Facility Telephone #: | (989) 627-7718 |
| Original Issuance Date: | 08/14/2012 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/1/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role:

- 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.
- 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 2 year regular adult foster care license.

A handwritten signature in dark ink, appearing to read "Candace Coburn", is written over a light gray rectangular background.

3/7/2023

Candace Coburn
Licensing Consultant

Date