



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

May 3, 2023

Tamesha Porter  
Safe Haven Assisted Living Of Hastings  
2900 Kellems Dr.  
Hastings, MI 49058

RE: Application #: AM080414109  
**Safe Haven Assisted Living Of Hastings, LLC**  
**2900 Kellems Dr.**  
**Hastings, MI 49058**

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 12 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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
Kalamazoo, MI 49001

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM080414109
<b>Licensee Name:</b>	Safe Haven Assisted Living Of Hastings
<b>Licensee Address:</b>	2900 Kellems Dr. Hastings, MI 49058
<b>Licensee Telephone #:</b>	(517) 402-1802
<b>Licensee Designee:</b>	Tamesha Porter
<b>Administrator:</b>	Tamesha Porter
<b>Name of Facility:</b>	Safe Haven Assisted Living Of Hastings, LLC
<b>Facility Address:</b>	2900 Kellems Dr. Hastings, MI 49058
<b>Facility Telephone #:</b>	(517) 402-1802
<b>Application Date:</b>	09/12/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODOLOGY

09/12/2022	On-Line Enrollment
09/16/2022	Application Incomplete Letter Sent emailed app incomplete ltr, 1326, AFC-100, and RI-030
09/29/2022	Inspection Report Requested - Health
10/19/2022	Inspection Report Requested - Fire
10/19/2022	Contact - Document Sent Fire Safety String
11/03/2022	Inspection Completed-Env. Health: A
11/14/2022	PSOR on Address Completed
11/14/2022	File Transferred To Field Office
11/16/2022	Application Incomplete Letter Sent
02/24/2023	Contact - Document Received-Facility Documents
03/20/2023	Contact - Document Received-Facility/Licensee documents
03/21/2023	Contact - Document Received-Licensee designee documents
03/21/2023	Contact - Document Received-Facility Documents
03/21/2023	Inspection Completed On-site
3/31/2023	Confirming Letter Sent
4/25/2023	Inspection Completed-Fire Safety: A
4/26/2023	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Safe Haven Assisted Living of Hastings, LLC is a one-story wood frame structure built on a corner lot, for the purpose of a resident care facility. The facility is in a rural area in the township of Hastings, MI. The facility faces west with the day room and business office separating the north end from the south end. There are twelve private resident bedrooms. Bedrooms #1 through #6 are located in the south wing and do not have resident bathrooms attached to them. Bedrooms #7 through #12 are located on the

north wing and have ½ baths in each resident bedroom. There is a large community bath with a shower at the midpoint of the north/south wings and an additional full bath with a bathtub at the end of the north wing, next to the dining room. The kitchen, located at the north end of the building is large and well equipped. The facility is wheelchair accessible and can accommodate wheelchairs moving throughout the facility and has two approved means of egress. The facility utilizes private water supply and sewage disposal system. On 11/03/2022, an environmental health inspection was conducted, and the facility was determined to be in full compliance with environmental health rules during the onsite inspection.

The facility is fully sprinkled and equipped with interconnected smoke alarms with battery back-up. The facility is equipped with an approved pull station alarm system installed throughout the home. The facility is equipped with fire extinguishers which are located throughout the facility. The heat plant is located in a utility room below ground and accessed from the outside only. The heating system (forced air) and hot water heater are natural gas fired. Fire exits are located at both ends of the facility as well as at the main entrance/exit from the day room. On 04/25/2023, a fire safety inspection was conducted by the Bureau of Fire Services and the facility was determined to be in substantial compliance with applicable fire safety rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'3" x 8'8"	119 sq. ft.	1
2	12'3" x 8'8"	119 sq. ft.	1
3	12'3" x 9'10"	120 sq. ft.	1
4	12'3" x 9'10"	120 sq. ft.	1
5	12'3" x 9'10"	120 sq. ft.	1
6	12'3" x 9'10"	120 sq. ft.	1
7	10'0" x 12'3"	122 sq. ft.	1
8	10'0" x 12'3"	122 sq. ft.	1
9	10'0" x 12'3"	135 sq. ft.	1
10	10'0" x 12'3"	122 sq. ft.	1
11	10'0" x 12'3"	136 sq. ft.	1
12	10'0" x 12'3"	135 sq. ft.	1

The indoor living and dining areas measure a total of 622 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to 12 male or female ambulatory and non-ambulatory adults whose diagnosis is aged and/or Alzheimer's disease, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, and personal adjustment skills. Resident social and recreational activities include television and an assortment of reading materials including newspapers and magazines. In addition, puzzles and board games will be available. The applicant has planned to hold a weekly bingo night and a weekly movie night. With a large backyard, walk area and a flowing stream outdoor activities are planned in acceptable weather such as picnics and grill outs. The applicant intends to accept residents from Medicaid Waiver, PACE Program, and private pay individuals as a referral source.

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 not be providing transportation. Countywide transportation is available upon request. Relatives of residents will be expected to be available to transport residents to appointments when needed. Private transporters may be available upon request.

## **C. Applicant and Administrator Qualifications**

The applicant, Safe Haven Assisted Living of Hastings, which is a "Domestic Limited Liability Company", was established in Michigan on 6/12/2019. 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 Hastings consist solely of Tamesha Porter who was designed to be the licensee designee and administrator.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Porter. Ms. Porter submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Ms. Porter provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Porter has over seven years of experience working with aged adults and residents diagnosed with Alzheimer's disease. 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 12-bed facility is adequate and includes a minimum of 1 staff to 12 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 that 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 acknowledges 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](http://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 indicated resident medication will be stored in a locked cabinet and 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 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 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 resident 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 temporary license for a medium group home facility with a capacity of twelve (12) residents.



Ondrea Johnson  
Licensing Consultant

4/26/2023  
Date

Approved By:



05/03/2023

Dawn N. Timm  
Area Manager

Date