



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 9, 2024

Tanya Haven-Rowe  
Haven-Rowe LLC  
12273 Farrand Rd.  
Montrose, MI 48457

RE: License #: AM250386684  
**Haven Country AFC**  
**12273 Farrand Rd**  
**Montrose, MI 48457**

Dear Tanya Haven-Rowe:

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 and special certification will be renewed pending the receipt of an acceptable environmental health inspection report. They will be valid only at your present address and are 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) 643-7960.

Sincerely,

A handwritten signature in blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 931-1092

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM250386684
<b>Licensee Name:</b>	Haven-Rowe LLC
<b>Licensee Address:</b>	12273 Farrand Rd. Montrose, MI 48457
<b>Licensee Telephone #:</b>	(810) 639-6578
<b>Licensee Designee:</b>	Tanya Haven-Rowe
<b>Administrator:</b>	Tanya Haven-Rowe
<b>Name of Facility:</b>	Haven Country AFC
<b>Facility Address:</b>	12273 Farrand Rd Montrose, MI 48457
<b>Facility Telephone #:</b>	(810) 639-6578
<b>Original Issuance Date:</b>	07/10/2017
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/05/2024

Date of Bureau of Fire Services Inspection if applicable: 09/05/2023

Date of Health Authority Inspection if applicable: Requested 9/6/23

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: RRO

- 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

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 and special certification upon receipt of an acceptable environmental health inspection report.



01/09/2024

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Kent W Gieselman  
Licensing Consultant

Date