



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 8, 2024

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

RE: Application #: AS780418108
DS Heavenly Haven IV
2145 Heavenly Haven Dr.
Owosso, MI 48867

Dear Ms. Semans:

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 pertaining to physical plant. Therefore, a temporary license with a maximum capacity of 6 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 "Candace Coburn".

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS780418108
Licensee Name:	DS Heavenly Haven LLC
Licensee Address:	2140 Heavenly Haven Dr. Owosso, MI 48867
Licensee Telephone #:	(989) 627-7718
Administrator:	Sherri Semans
Licensee Designee:	Sherri Semans
Name of Facility:	DS Heavenly Haven IV
Facility Address:	2145 Heavenly Haven Dr. Owosso, MI 48867
Facility Telephone #:	(989) 627-7718
Application Date:	12/11/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/11/2023	On-Line Enrollment
12/14/2023	Contact - Document Sent
12/14/2023	PSOR on Address Completed
12/14/2023	Inspection Report Requested - Health
12/26/2023	Contact - Document Received 1326/RI030 and SOM entity forms
01/14/2024	Inspection Environmental Health – A rating
01/22/2024	File Transferred To Field Office
01/30/2024	Application Complete/On-site Needed
02/02/2024	Onsite Inspection completed - Substantial compliance.
02/06/2024	Confirming letter sent and corrective action verified.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The home is located in a rural area south of the city of Corunna on approximately one acre of land. The home is a ranch style, one level home with a full unfinished basement. There are two small hallways leading off the living room area that both contain two resident bedrooms and a full resident bathroom, equaling four bedrooms and two full baths. The front living room is directly off the main entry room and leads into the kitchen. A large door opening behind the kitchen area leads to a very large sitting room and dining room addition. At both door entrances and egresses, there is a concrete step leading to a concrete porch. Subsequently, the home not wheelchair accessible. All building and mechanical inspections have been approved and passed by the local authorities. There is a horseshoe shape cement driveway that is partially covered by a roof near the entrance of the home, so the residents can be protected by weather when entering or leaving the home. There is plenty of parking for staff and visitors in the driveway, as well as along the front street. The home utilizes a private well and septic system which was inspected by the Shiawassee County Health department on 01/14/2024 and found to be in substantial compliance with applicable environmental health rules. A copy of Shiawassee County Health department's report in on file.

The home has professionally installed new forced air gas furnace and gas water heater, which are located in the unfinished basement of the home, and both had tags of approved inspections. There is a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs to the basement to create floor separation.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in each hallway that serves two bedrooms, in the kitchen area and in the basement of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.10 x 11.8	111.90	1
2	18.02 x 10.08	181.64	2
3	11.11 x 9.09	100.98	1
4	18.02 x 10.08	181.64	2
Family Room	11.03 x 12.11	133.57	0
Kitchen	21.03 x 8.03	168.87	0
Living Room/Dining Room Combo	27.04 x 19.05	515.11	0

The indoor living and dining areas measure a total of 817 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this home can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant will provide 24-hour supervision, protection, and personal care for up to six residents age who are 18 years and older, and who are developmentally disabled and/or mentally ill. The home has all the comforts of home in a family environment. The program will provide each resident with nutritional meals, assistance with basic self-care, and recreational and social activities, while teaching them to live as independently as capable. The applicant intends to accept referrals from the Shiawassee County Mental Health Authority.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance resident quality of life.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

C. Applicant and Administrator Qualifications

The applicant is DS Heavenly Haven, L.L.C., a “Domestic Limited Liability Company”, established in Michigan, on 5/03/2012. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of DS Heavenly Haven, L.L.C. have submitted documentation appointing Sherri Semans as Licensee Designee and Administrator of the home.

A criminal history background check was completed for Ms. Semans. She has been determined to be of good moral character. Ms. Semans submitted a statement from a physician documenting her good health with current TB-tine negative results.

Sherri Semans has an associate of applied science degree/medical assistant program. She has over 27 years of experience working in adult foster care homes, with over 22 years cumulative as a direct care staff member and manager of a large group adult foster care home. Ms. Semans is currently a licensee of a small group adult foster care home for both developmentally disabled and mentally ill residents, and has been for eight years. Ms. Semans plans to be present at the facility on a regular basis to maintain a working knowledge of the residents and their needs and to assist with care of the residents, as necessary.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with one direct care staff on-site for six residents. The applicant acknowledges that the number of direct care staff on-site 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 training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents, 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), 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 can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving resident, employee, and/or visitor.

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 of the residents' personal money transactions that have been agreed to be managed by the applicant.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care small group home capacity of 6 residents.



2/6/2024

Candace Coburn
Licensing Consultant

Date

Approved By:



2/8/2024

Michele Streeter
Area Manager

Date