



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 6, 2024

Brian Clay  
Anessia Clay  
Divine Rest Haven  
1027 Weston Street  
Lansing, MI 48917

RE: Application #: AS330418091  
**Divine Rest Haven**  
**1025 Andrus Ave.**  
**Lansing, MI 48917**

Dear Mr. Clay and Mrs. Clay:

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 six 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 "Julie Elkins".

Julie Elkins, 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**

<b>License #:</b>	AS330418091
<b>Licensee Name:</b>	Divine Rest Haven
<b>Licensee Address:</b>	1027 Weston Street Lansing, MI 48917
<b>Licensee Telephone #:</b>	(517) 574-1230
<b>Licensee Designee:</b>	Brian Clay and Anessia Clay
<b>Administrator:</b>	Anessia Clay
<b>Name of Facility:</b>	Divine Rest Haven
<b>Facility Address:</b>	1025 Andrus Ave. Lansing, MI 48917
<b>Facility Telephone #:</b>	(517) 619-1025
<b>Application Date:</b>	12/04/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

12/04/2023	On-Line Enrollment.
12/05/2023	Contact - Document Sent forms sent.
12/05/2023	PSOR on Address Completed.
12/28/2023	Contact - Document Received.
12/28/2023	Lic. Unit file referred for background check review ICHAT Hit sent to Candace.
01/24/2024	File Transferred to Field Office.
01/29/2024	Application Incomplete Letter Sent.
01/29/2024	Contact - Document Received.
01/31/2024	Contact - Telephone call received.
01/31/2024	Contact - Document Sent Email follow up to phone call with information and links per discussion.
03/06/2024	Contact - Document Received.
03/07/2024	Contact - Document Received.
03/07/2024	Contact - Document Sent.
03/22/2024	Contact - Document Sent Items to be corrected/still not received.
04/03/2024	Contact - Document Received.
04/05/2024	Contact - Document Received.
04/10/2024	Contact - Document Sent.
04/10/2024	Contact - Document Received.
04/19/2024	Contact - Document Sent and received.
04/22/2024	Contact - Document Received.
04/29/2024	Inspection completed On-site full compliance.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch-style home that was built in 1955 with vinyl siding located in a Lansing, MI. The facility has a two-car detached garage that is used for storage and a large, paved driveway that provides ample parking for visitors and staff. There is a large wood deck in the rear of the facility that can only be accessed through the backyard. The deck has a large sitting area for residents to enjoy the outdoors.

The facility is located in Lansing, Michigan which is the capital of Michigan and the most populous city in Ingham County. The Lansing metropolitan area, colloquially referred to as "Mid-Michigan", is an important center for educational, cultural, governmental, commercial, and industrial functions. Neighboring East Lansing is home to Michigan State University, a public research university. Lansing also has a variety of places to shop including malls, restaurants, movie theaters, physician offices and hospitals to accommodate resident needs.

The main level of the facility consists of a living room, dining room, kitchen, one full bathroom, one half bathroom, a family room and four resident bedrooms. The facility has a partially finished basement that consists of an open area for storage, a shower, a laundry/utility room and a separate room for the furnace and hot water heater. The furnace and hot water tanks were inspected on 03/06/2024 by Oasis Heating and cooling and were found to be in good working condition. Residents do not access the basement as there is not proper egress. Floor separation is at the base of the stairs provided by a solid wood core door. The facility is equipped with central air conditioning. The facility 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 in all sleeping areas, kitchen, and living areas. The facility has a public water supply and public sewage disposal system.

The resident bedrooms, living and activity areas measured as follows:

Kitchen/dining area/living room	15'10" X 15'09"	249.38 square feet	
Family room	23'11 X 13'04"	320.88 square feet	
Bedroom 1	10'09" X 8'12"	96.75 square feet	1 resident
Bedroom 2	10'05 X 9'07"	99.83 square feet	1 resident
Bedroom 3	13'01" X 10'07"	138.47 square feet	2 residents
Bedroom 4	13'05 X 12'08"	169.94 square feet	2 residents

The indoor living and dining areas measures about 1,200 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The basement which contains the laundry appliances and heating and cooling elements are not included in the living space and this area will not be regularly accessed by residents. Residents do not do their own laundry but may aid in folding clothes should their assessment plan indicate this is appropriate. Based on the above information, this facility can accommodate six ambulatory residents.

Although the facility has a wheelchair ramp on the front of the house, the facility is not wheelchair accessible because it has one of two required ramps, door widths throughout the house are not wide enough to accommodate a wheelchair, the bathroom is not wheelchair accessible and the second means of egress requires stairs to access which is not possible for wheelchair users.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for up to six female and male residents who are either developmentally disabled and/or have a diagnosis of mental illness. The applicant's primary preference is to provide care to individuals who are 18 years of age and older, referred by community mental health (CMH) and fall within the two program types listed above (developmentally disabled and mental illness). The applicant's program statement is to serve the developmentally disabled and those diagnosed with mental illness experiencing limitations which prevent them from living without constant supervision and assistance. The program's goal is to create a peaceful and loving environment while efficiently and completely caring for the loved ones entrusted to them. Each resident will receive assistance as identified in their assessment plan and kept as active as possible by engaging each resident in meaningful activities. The applicant encourages family members to visit and actively engage with their loved ones. Co-Applicants Brian Clay and Anessia Clay submitted admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written.

The licensee will ensure transportation is available for program and medical needs. Facility direct care staff members will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, local parks, recreational activities and planned resident outings as a source of entertainment.

Brian Clay and Anessia Clay in collaboration with facility direct care staff members will continually assess each resident and make changes as necessary to meet the resident's needs. If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by direct care staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources such as CMH for recreational activities as well as bringing in books from the local library for residents. The facility has board games, puzzles, and crafts as well. The program will utilize resources to provide an environment to enhance the quality of life of residents.

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

The applicant is Divine Rest Haven LLC a “For Profit Corporation”, established in Michigan on November 29, 2023. 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 Board of Directors has submitted documentation appointing both Brian Clay and Anessia Clay as co- licensee designee and Anessia Clay as administrator for this facility. Criminal history background checks were completed and both Brian Clay and Anessia Clay was determined to be of good moral character to provide licensed adult foster care. Brian Clay and Anessia Clay both submitted a statement from a physician documenting good health and current negative tuberculosis test results.

The co-licensee designee Brian Clay and Anessia Clay and administrator Anessia Clay has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Brian Clay and Anessia Clay are adoptive parents to two children who were diagnosed with fetal alcohol syndrome and experienced learning delays/disabilities. Brian Clay and Anessia Clay cared for these children from their young age through adulthood parenting and advocating for them. Additionally, Brian Clay and Anessia Clay cared for a family member from November 2017- to January 2019 who was diagnosed with Fragile X Syndrome, autism and schizophrenia. These diagnoses left the family member severely cognitively impaired with minimal verbal ability. Angela Stevens wrote a letter on behalf of the care that was provided by Brian Clay and Anessia Clay which documented that this family member’s physical, mental, and emotional disabilities were well controlled in the care of Brian Clay and Anessia Clay. Angela Stevens documented that Brian Clay and Anessia Clay providing bathing, hygiene tasks and activities of daily living such as brushing his teeth, making sure he is clean after bowel movements, dressing, grooming, preparing, and plating his meals on a special plate provided by his occupational therapist, just to name a few daily tasks. In addition, Angela Stevens documented that Brian and Anessia Clay did very well with de-escalating the family member when he had a verbal and or behavioral outburst/breakdown. Angela Stevens documented that Brian Clay and Anessia Clay went above and beyond to meet the unique needs of the family member and she was blessed to have caregivers with exceptional qualities and genuine warmth, love, and dedication.

Additionally, Anessia Clay currently holds a license as a registered nurse (RN) and has worked in the medical field with a wide variety of patients over the past 27 years in various capacities with a diverse population in a hospital, rehabilitation and surgery settings.

Brian Clay is an anesthesia and perfusion technician who has worked with a variety of patients since December 1996 assisting with medication administration and bathing.

Brian Clay and Anessia Clay reported there will be at least one staff member per shift but they will adjust the staff ratio as the number of residents grows and to ensure that the safety, supervision and care of the residents are met in accordance with the resident's written assessment plan. Staff members will be awake while on shift including during sleeping hours.

Brian Clay and Anessia Clay acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan 6 Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Brian Clay and Anessia Clay acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by licensee designees Brian Clay and Anessia Clay will administer medication to residents. In addition, applicants Brian Clay and Anessia Clays have indicated resident medication will be stored in a locked cabinet and daily medication logs will be maintained on each resident receiving medication.

Brian Clay and Anessia Clay acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. Brian Clay and Anessia Clay acknowledged the 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.

Brian Clay and Anessia Clay acknowledged the 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. Brian Clay and Anessia Clay acknowledged the 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, applicant Brian Clay and Anessia Clay acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Brian Clay and Anessia Clay have an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Applicant Brian Clay and Anessia Clay acknowledged 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.

Brian Clay and Anessia Clay acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. Brian Clay and Anessia Clay indicated the intent to respect and safeguard these resident rights. Brian Clay and Anessia Clay acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Brian Clay and Anessia Clay acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

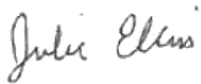
Brian Clay and Anessia Clay acknowledged that residents with mobility impairments will only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this small group home with a capacity for six residents.



05/03/2024

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Julie Elkins  
Licensing Consultant

Date

Approved By:



05/06/2024

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Dawn N. Timm  
Area Manager

Date