



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 8, 2024

Mitchell Hough
Haven Of Rest Inc
Po Box 52
148 E Michigan
Battle Creek, MI 49014

RE: License #: AL130006920
Haven AFC
148 East Michigan Avenue
Battle Creek, MI 49014

Dear Mr. Hough:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report.

To verify your implementation and compliance with this corrective action plan, you are to submit verification of completion of the required corrections below.

Upon receiving documentation of completed corrections, I recommend issuance of a regular license to this AFC adult medium group home. 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 (616) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL130006920
Licensee Name:	Haven Of Rest Inc
Licensee Address:	Po Box 52 148 E Michigan Battle Creek, MI 49014
Licensee Telephone #:	(269) 788-0963
Licensee Designee:	Mitchell Hough
Administrator:	Mitchell Hough
Name of Facility:	Haven AFC
Facility Address:	148 East Michigan Avenue Battle Creek, MI 49014
Facility Telephone #:	(269) 788-0963
Original Issuance Date:	01/03/1986
Capacity:	15
Program Type:	MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/08/2024

Date of Bureau of Fire Services Inspection if applicable: 02/29/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee Designee

- 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:
CAP on 10/8/24 205(5) and 205(6) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The medium group was found to be in non-compliance with the following rules:

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

At the time of the onsite inspection, reviewing through employee files. Direct care workers (DCW) Eugene King and Brandon Beck's last testing for communicable tuberculosis was done in 2020. Testing for every employee must be verified every 3 years thereafter or more frequently if necessary.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

At the time of the onsite inspection, reviewing through employee files. An annual (yearly) physical health care review form was not observed in direct care worker (DCW) Eugene King's employee files. The last annual physical health care review form observed in DCW Brandon Beck's employee file was last completed in 2020.

IV. RECOMMENDATION

An acceptable written corrective action plan was completed and approved on 10/08/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. Verification of completion of the corrective action plan must still occur by submitting documents of the above violations. However, I recommend renewal of a regular licensee of the medium group home.

Kevin L. Sellers

10/08/24

Kevin Sellers
Licensing Consultant

Date