

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

February 20, 2025

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

> RE: License #: AS780418108 Investigation #: 2025A0584009

> > DS Heavenly Haven IV

Dear Ms. Semans:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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) 284-9727.

Sincerely,

Candace Coburn, Licensing Consultant Bureau of Community and Health Systems

Candace Com

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 SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS780418108	
Investigation #:	2025A0584009	
Investigation #:	2025A0564009	
Complaint Receipt Date:	01/16/2025	
Investigation Initiation Date:	01/16/2025	
Report Due Date:	03/17/2025	
Report Due Date.	03/11/2023	
Licensee Name:	DS Heavenly Haven LLC	
Licensee Address:	2140 Heavenly Haven Dr.	
	Owosso, MI 48867	
Licensee Telephone #:	(989) 627-7718	
•		
Administrator:	Sherri Semans	
Licenses Decignes	Sherri Semans	
Licensee Designee:	Sherri Serriaris	
Name of Facility:	DS Heavenly Haven IV	
Facility Address:	2145 Heavenly Haven Dr.	
	Owosso, MI 48867	
Facility Telephone #:	(989) 627-7718	
Original Issuance Date:	02/08/2024	
License Status:	REGULAR	
License Status.	REGULAN	
Effective Date:	08/08/2024	
Expiration Date:	08/07/2026	
Capacity:	6	
Supudity.		
Program Type:	DEVELOPMENTALLY DISABLED	
	MENTALLY ILL	

II. ALLEGATION(S)

Violation
Established?

At 3:00 AM on 1/14/2025, Direct Care Staff Member Courtney	Yes
Banagis left the facility in the middle of her shift, leaving six	
residents unsupervised for approximately 4 hours.	

III. METHODOLOGY

01/16/2025	Special Investigation Intake - 2025A0584009
01/16/2025	Special Investigation Initiated - On Site.
	Face to face interviews with Resident A, B, C
	Face to face interview and exit conference with licensee designee Sherri Semans.
01/28/2025	Contact – Attempted phone contact with direct care staff Courtney Banagis.
	Contact - Telephone contact with Andrea Andrykovich, Shiawassee Health and Wellness Recipient Rights officer.

ALLEGATION:

At 3:00 AM on 1/14/2025, Direct Care Staff Member Courtney Banagis left the facility in the middle of her shift, leaving six residents unsupervised for approximately 4 hours.

INVESTIGATION:

On 1/14/2025, I received an email from licensee designee Sherri Semans informing me that direct care staff member Courtney Banagis reported to the facility to work her overnight shift at 10:00 pm on 1/13/2025. Ms. Semans stated when the morning shift arrived at 7am, they did not find Ms. Banagis, or any other staff member at the facility, and the six residents were left unattended. Ms. Semans stated she called Ms. Banagis, who confirmed she had left the facility at approximately 3:00 am, without notifying anyone.

On 1/15/2025, I conducted an unannounced investigation onsite. I attempted face to face interviews of three residents who were onsite. However, they were not willing or able to answer questions. I observed the residents to be healthy and well groomed. The facility appeared to be neat, clean, and in good repair

On 1/28/2025, I attempted a telephone interview with Ms. Banagis. However, the number I was provided was disconnected.

I conducted a telephone interview with Andrea Andrykovich of Shiawassee Health and Wellness Recipient Right Office, who stated Ms. Semans had also contacted her regarding the allegations. Ms. Andrykovich informed me she had also attempted a telephone interview with Ms. Banagis, but found her telephone number was disconnected.

APPLICABLE RUL	.E
R 400.14206	Staffing requirements.
	(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 12 residents and children who are under the age of 12 years.
ANALYSIS:	Based on a report received from the licensee designee, it has been established that at 3:00 AM on 1/14/2025, direct care staff member Courtney Banagis left the facility in the middle of her shift, leaving six residents unsupervised for approximately 4 hours.
CONCLUSION:	VIOLATION ESTABLISHED

On 1/16/2025, I conducted a face to face exit conference with Ms. Semans and informed her of the findings of this investigation. Ms. Semans stated the employment of Ms. Banagis was terminated.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes in the status of the license.

Chudace Com	2/13/2025	
Candace Coburn Licensing Consultant		Date
Approved By:		
michele Struter	2/20/2025	
Michele Streeter Area Manager		Date