



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 17, 2025

Brown, James and Berniece
330 Racine Dr #1
Wilmington, NC 28403

RE: License #: AS220418390
Safe Haven AFC
110 W E St
Iron Mountain, MI 49801

Dear Brown, James and Berniece:

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:

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems CAMP Office
223 Ridge Street
Marquette, MI 49855
(906) 280-8531

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

I. IDENTIFYING INFORMATION

| | |
|------------------------------------|--|
| License #: | AS220418390 |
| Licensee Name: | Brown, James and Berniece |
| Licensee Address: | 330 Racine Dr #1 Wilmington, NC 28403 |
| Licensee Telephone #: | (906) 774-1449 |
| Licensee/Licensee Designee: | N/A |
| Name of Facility: | Safe Haven AFC |
| Facility Address: | 110 W E St Iron Mountain, MI 49801 |
| Facility Telephone #: | (906) 282-2356 |
| Original Issuance Date: | 09/18/2024 |
| Capacity: | 6 |
| Program Type: | DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 3/11/25

Date of Bureau of Fire Services Inspection if applicable: 3/11/25

Date of Health Authority Inspection if applicable: 3/11/25

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed Role:

- 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 ☒

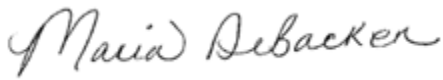
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A corrective action plan was requested and approved on 03/17/2025. It is expected that the corrective action plan be implemented within the specified time frames as

outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



3/17/25

Maria Debacker
Licensing Consultant

Date