



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 19, 2025
Zubair Ahmed
Prestige Health Management Inc
685 E Square Lake Road
Troy, MI 48085

RE: License #: AS630411654
Safe Haven Acres
685 E Square Lake Road
Troy, MI 48085

Dear Mr. Ahmed:

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 documentation of compliance.

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 (248) 975-5053.

Sincerely,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

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

I. IDENTIFYING INFORMATION

License #:	AS630411654
Licensee Name:	Prestige Health Management Inc
Licensee Address:	685 E Square Lake Road Troy, MI 48085
Licensee Telephone #:	(248) 710-7056
Licensee/Licensee Designee:	Zubair Ahmed
Administrator:	Zubair Ahmed
Name of Facility:	Safe Haven Acres
Facility Address:	685 E Square Lake Road Troy, MI 48085
Facility Telephone #:	(248) 710-7056
Original Issuance Date:	06/21/2022
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/19/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

13

No. of residents interviewed and/or observed

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.
It was not meal time during the onsite.
- 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.
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SIR CAP Approved 10/28/22; 206(2), 208(3), 312(4)(a), 204(3), 310(1)(d),
208(1), 312(2), 312(1)
- LSR CAP Approved 3/31/23; 315(3), 301(10), 310(3), 301(4), 312(1), 318(5),
316(1) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

- R 400.14203 Licensee and administrator training requirements.**
- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:**
- (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.**
- (b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.**

The licensee designee Zubair Ahmed did not complete his annual trainings for 2023.

- R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
- (9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.**

Resident A's 2024 resident care agreement was not signed by the licensee designee Zubair Ahmed.

- R 400.14312 Resident medications.**
- (7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.**

The following medication for Resident B was observed to be expired:

- Naproxen 500mg expired on 3/7/25
- Diclofenac Sodium expired on 3/7/25
- Betamethasone .05% expired on 1/24/25

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(a) Identifying information, including, at a minimum, all of the following:

(viii) Funeral provisions and preferences.

(ix) Resident's religious preference information.

The identification record for Resident A did not include his religion preference and his burial provision was incomplete. The burial provision for Resident B was incomplete as well.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

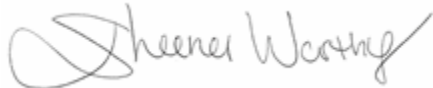
REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 03/31/23

During the first quarter in 2023, a fire drill was not completed during the evening or sleeping hours. During the second and third quarter in 2023, a fire drill was not completed during sleeping hours. During the fourth quarter in 2023, a fire drill was not completed during the evening hours.

A corrective action plan was requested and approved on 03/19/2025. 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.

A handwritten signature in cursive script, reading "Sheena Worthy".

Sheena Worthy
Licensing Consultant

03/19/25
Date