



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 8, 2025

Briana Scott
Grace Haven
11185 North Jennings Road
CLIO, MI 48420

RE: Application #:	AS250419225 Grace Haven 11185 North Jennings Road Clio, MI 48420
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Dear Briana Scott:

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 6 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) 335-5985.

Sincerely,

Martin Gonzales, 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

License #:	AS250419225
Licensee Name:	Grace Haven
Licensee Address:	11185 North Jennings Road CLIO, MI 48420
Licensee Telephone #:	(810) 893-8751
Administrator/Licensee Designee:	Briana Scott
Name of Facility:	Grace Haven
Facility Address:	11185 North Jennings Road Clio, MI 48420
Facility Telephone #:	(810) 893-8751
Application Date:	02/13/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODOLOGY

02/13/2025	On-Line Enrollment
02/18/2025	PSOR on Address Completed
02/18/2025	Contact - Document Sent Forms sent.
02/28/2025	Contact - Document Received 1326/RI030, App, AFC100 and Medical.
03/03/2025	File Transferred To Field Office
03/07/2025	Application Incomplete Letter Sent Sent to Briana Scott.
03/26/2025	Contact - Document Received LD sent documentation for review.
04/01/2025	Application Incomplete Letter Sent 2nd application incomplete letter sent.
04/07/2025	Contact - Document Received B. Scott sent items for application.
05/07/2025	Application Incomplete Letter Sent 3rd application incomplete letter sent.
05/30/2025	Application Complete/On-site Needed
06/11/2025	Inspection Completed On-site
06/12/2025	Inspection Completed-BCAL Sub. Compliance

06/12/2025	Application Incomplete Letter Sent Confirming letter sent.
07/03/2025	Inspection Completed On-site
07/03/2025	Inspection Completed-BCAL Full Compliance
07/07/2025	Recommend License Issuance
07/07/2025	LSR Generated

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Grace Have LLC is a 1 story, 4-bedroom, 1 full bathroom, ½ bathroom, with a detached garage located at 11185 North Jennings Road, Clio, MI, 48420. The home is located in the Township of Vienna in the Franklin subdivision of the county of Genesee is within close proximity to many restaurants and other shopping establishments. The home is owned by Briana Scott and Bryce Keels as joint tenants and was purchased on 12/04/2024. Briana Scott granted permission for an onsite inspection on 06/11/2025. The home consists of 4 resident bedrooms, living room, dining room, full bathroom, ½ bathroom, kitchen and office on the main floor.

The furnace, washer, dryer, and hot water heater are on the main floor of the home with at least 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware to create separation. Value Check Home Inspections completed and approved their furnace and AC inspections on 10/17/2024.

The home has two (2) separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceeded the 30-inch minimum width requirement of the rule. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width. The bedrooms have the proper means of egress as required by R 400.14508.

The home has a public water and sewer system. The home has hardwired smoke detectors that are interconnected together. The smoke detectors also include a carbon monoxide detector combination. The home has fire extinguishers, which meets the requirements of R 400.14506.

Value Check Home Inspections Inspector Josh Metz completed and approved his inspection on 10/17/2024. The electrical work was done in accordance with the National Electric Code. The home meets the environmental and interior finish requirements of rules R 400.14502, R 400.14503, and R 400.14504.

There are 4 resident bedrooms on the main floor of the home. The resident bedrooms were measured during the on-site inspection and have the following dimensions.

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom # 1	15' x 10'	150	1
Bedroom # 2	13' x 9'	117	1
Bedroom # 3	12' x 13'	156	2
Bedroom # 4	12' x 13'5"	162	2

The living room and dining room measured a total of 373 square feet of living space. The kitchen measured a total of 273 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat, and met all applicable rules relating to environmental and fire safety requirements.

Based on the above information, it is concluded that this facility can accommodate **Six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity. This home is not wheelchair accessible and cannot accommodate residents that require the use of a wheelchair.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **Six (6)** male or female ambulatory adults, aged 18 and older whose diagnosis is aged, physically handicapped, and/or Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from: word of mouth, Nursing home, hospitals, and A & D Waiver.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will assist residents with connecting with outside agencies for transportation for program and medical needs. The resident and/or family members are responsible for any related charges for transportation services. The facility will make provision for a variety of leisure and recreational equipment. The residents may attend outside activities, such as church services, senior center activities, luncheons, fairs, bingo, exercise classes, family functions and other activities, at their own discretion or with DPOA approval. Activities in the home, such as card games, board games, tv, music, baking, enjoying the porches, and flowers are entirely left to the residents' choice. These activities will be offered to all the residents and participation is encouraged. A variety of activities will be offered to allow participation of all the residents regardless of their cognitive function.

C. Applicant and Administrator Qualifications

The applicant is Grace Haven LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 02/12/2025. 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.

Briana Scott has submitted documentation appointing herself as Licensee Designee for this facility and as the Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org),

L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION


I recommend issuance of a temporary license to this AFC adult small group home (capacity 3-6).



07/08/2025

Martin Gonzales Licensing Consultant	Date
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Approved By:



07/08/2025

Mary E. Holton Area Manager	Date
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