GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 9, 2026

Tamesha Porter
Safe Haven Assisted Living Of Mason LLC
981 Jolly Road
Okemos, MI 48864

RE: License #: AL330400202
Investigation #: 2026A1029044
Safe Haven Assisted Living Of Mason

Dear Ms. Porter:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee designee and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 (231) 922-5309.

Sincerely,

Jennifer Browning

Jennifer Browning, Licensing Consultant
Bureau of Community and Health Systems
browningj1@michigan.gov - 989-444-9614

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AL330400202
Investigation #:	2026A1029044
Complaint Receipt Date:	05/19/2026
Investigation Initiation Date:	05/20/2026
Report Due Date:	07/18/2026
Licensee Name:	Safe Haven Assisted Living Of Mason LLC
Licensee Address:	981 Jolly Rd., Okemos, MI 48864
Licensee Telephone #:	(517) 402-1802
Administrator:	Tamesha Porter
Licensee Designee:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living Of Mason
Facility Address:	1850 W. Service Drive, Mason, MI 48854
Facility Telephone #:	(517) 402-1802
Original Issuance Date:	05/17/2022
License Status:	REGULAR
Effective Date:	11/17/2024
Expiration Date:	11/16/2026
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Safe Haven Assisted Living of Mason is not sufficiently staffed.	Yes
If Resident B wakes up the direct care staff members will just give her a PRN to go back to sleep which is not ordered by her physician.	No
Resident D had a fall and hit his head while at Safe Haven Assisted Living of Mason.	No
Additional Findings	Yes

III. METHODOLOGY

05/19/2026	Special Investigation Intake 2026A1029044
05/20/2026	Special Investigation Initiated – Telephone call to Julie Elkins
05/26/2026	Inspection Completed On-site – face to face with direct care staff member Kat Johnson, JoAnna Woodruff, Resident A, Resident B, Resident D at Safe Haven Assisted Living of Mason
05/27/2026	Contact - Telephone call made to licensee designee Tamesha Porter
05/28/2026	Contact - Document Received from Tamesha Porter
06/09/2026	Contact - Telephone call received from Jana Lipps
06/15/2026	APS Referral made to CI
06/23/2026	Contact - Email to Ms. Porter
06/23/2026	Contact - Telephone call made to direct care staff members Kayla, Iceyona Nick-Hillis (Left message), Anna Abendroth, Billie Bryant (Left message), Operations manager, Ashley Foreman
06/26/2026	Contact – Telephone call to direct care staff member Iceyona Nick-Hillis
06/30/2026	Contact – Telephone call to direct care staff member Billie Bryant, Careline Health Group RN Ash Shirey -Left message.
07/07/2026	Contact – Telephone call to Careline Health Group RN Ash Shirey

07/08/2026	Exit conference with licensee designee Tamesha Porter, Left message and sent email.

ALLEGATION: Safe Haven Assisted Living of Mason is not sufficiently staffed.

INVESTIGATION:

On 05/19/2026 a complaint was received via Bureau of Community and Health Systems online complaint system alleging that Safe Haven Assisted Living of Mason is not sufficiently staffed. According to the complaint allegations there was only one direct care staff member working at night but there should be two because there is one resident who requires the assistance of two direct care staff members for transferring.

On 05/26/2026, I completed an unannounced on-site investigation at Safe Haven Assisted Living of Mason and interviewed direct care staff member Kat Johnson. Ms. Johnson reported there were two direct care staff members on first and second shift and one on third shift, though they were attempting to hire a second direct care staff member for third shift.

Ms. Johnson stated the home uses a hoyer lift that requires two direct care staff members to operate, although she has heard some direct care staff members suggest otherwise. Residents requiring the hoyer lift include Resident A and Resident G. She reported that the home currently has 15 residents. She confirmed that residents are turned and changed at night by rolling them side to side. She reported no concerns regarding resident behaviors during overnight hours. Ms. Johnson acknowledged inconsistent third-shift staffing due to turnover and stated direct care staff members remain awake at night. Ms. Johnson stated Ms. Porter informed her that a “sleeper shift” would be sufficient. She also stated she was informed by Ms. Porter staffing was to increase to two direct care staff members per shift. Job postings were placed on Indeed, but only one applicant applied and later withdrew. Ms. Johnson reported that Resident A and Resident G could not be interviewed due to dementia diagnoses.

During the on-site investigation I reviewed the *Assessment Plan for AFC Residents* for all residents and determined that Resident A was the only resident whose *Assessment Plan for AFC Residents* indicated a need for two person assistance for bathing, toileting, and dressing. All others stated either one person, prompting, or that they could perform the task independently.

I also reviewed the staffing schedules for April and May 2026 with Ms. Johnson and she was able to show there was one direct care staff members working during the sleeping hours of 10 PM – 6 AM.

On 05/26/2026, I interviewed direct care staff member JoAnna Woodruff. Ms. Woodruff reported significant concerns regarding inadequate staffing and stated she had been alone on the floor since 6:00 AM despite being told Ms. Johnson was supposed to

assist. She stated she raised concerns to Ms. Johnson, who indicated third shift can only be staffed with one direct care staff member at this time. Ms. Woodruff also expressed concerns that residents are not being changed every two hours and presented photographs of soiled bedding and residents with feces on their hands.

On 05/27/2026, I interviewed licensee designee Tamesha Porter. Ms. Porter stated she could not terminate the home manager without cause and that the manager was currently off for one week and required a doctor's note to return. Ms. Porter stated they had been attempting to hire an additional third-shift direct care staff member; however, she stated she does not share the concern that residents are not being changed and attributed the direct care staff members' complaints to "drama."

On 06/23/2026, I interviewed operations manager Ashley Foreman, who reported she oversees all locations and conducts monthly medication audits. She is currently acting as temporary manager while training a new hire. Ms. Foreman confirmed staffing improvements, including the implementation of a sleep-shift position on 06/01/2026. She stated the hoyer lift is electric and should not be used by a single direct care staff member except in emergencies. She also acknowledged third-shift fire drills had not been completed.

On 06/23/2026, I interviewed direct care staff member Mikhaila Moon, employed since September/October 2025 and assigned to second shift. She reported that second shift typically has two direct care staff members. She also reported having worked one third-shift shift alone. Ms. Moon confirmed that Residents A and G require two-person assistance and stated that Resident A is the only resident requiring the hoyer lift, which requires two direct care staff members.

On 06/23/2026, I interviewed former direct care staff member Anna Abendroth, who ended her employment approximately one month prior. Ms. Abendroth reported that for the past six months, only one direct care staff member worked third shift. She stated that although Resident A requires a hoyer lift, she never observed it used at night and reported they are manually turning residents as needed and stated several residents required two-person assistance.

On 06/26/2026, I interviewed direct care staff member Iceyona Nick-Hillis, employed since March 2026 and primarily working second shift. Ms. Nick-Hillis stated each shift typically has two direct care staff members. She reported that third shift was usually staffed with only one direct care staff member until a "sleep shift" position was recently added. She explained that the sleep-shift direct care staff member remains asleep unless needed for emergencies. She stated Residents A, F, and G require two-person assistance and that an additional direct care staff member would be necessary if any of them fell. She reported believing one direct care staff member is generally adequate for most nights but expressed relief that a sleep-shift position was added. She also stated she does not know whether fire drills occur but does not believe residents could be evacuated safely with only one direct care staff member.

On 06/30/2026, I interviewed direct care staff member Billie Bryant. Ms. Bryant reported that some residents, including Resident G at times and Resident F due to her declining leg strength, require two-person assistance. She stated Resident A has always been a two-person assist and requires two direct care staff members when in his chair due to the hoyer lift. She noted that one direct care staff member could not safely assist him in an emergency at night however when he needs to be changed she can do this by rolling him side to side and not using the hoyer lift. She stated that a second direct care staff member now works at night but serves in a sleep-shift capacity unless needed.

On 07/07/2026, I interviewed Careline Health Group RN Ash Shirey. RN Shirey stated he has never had concerns regarding staffing adequacy. He reported that the manager occasionally works on the floor and that he does not have information about evening staffing because he is present only around lunchtime. RN Shirey stated this facility has the lowest turnover among the facilities he visits, and he observes consistent direct care staff members during his weekly visits.

This is a repeat violation because SI 2026A0466008 dated 01/23/2026 also cited concerns with direct care staff member staffing during sleeping hours because Resident A required “two person staffing assistance for transfers” according to his *Assessment Plan for AFC Residents* and there was only one direct care staff member working during third shift. Licensee designee Ms. Porter completed a corrective action plan (CAP) on 02/12/2026 stating that immediately “*Safe Haven Assisted Living of Mason has implemented 2 direct care workers on all overnight shifts 10:00 PM to 6:00 AM when any resident requires 2 person transfer assistance. We are still hiring for this*.”

APPLICABLE RULE	
R 400.633	**Staffing requirements.**
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: **(a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.** **(b) 12 residents for small group and family homes.**

ANALYSIS:	According to Resident A's *Assessment Plan for AFC Residents,* he requires the assistance of two direct care staff members for bathing, toileting, and dressing. According to the staffing schedules from April 2026 through May 2026, during the sleeping hours, there was only one direct care staff member working and they all reported they changed Resident A's briefs in his bed by rolling him side to side. During this investigation, Ms. Foreman reported now there is a sleeping direct care staff member on at all times in case of emergencies or transfers needed on third shift, however this was position was not filled until 06/01/2026.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED [SIR # 2026A0466008 DATED 01/23/2026. CAP COMPLETED.]**

ALLEGATION: If Resident B wakes up direct care staff members will just give her a PRN to go back to sleep which is not ordered by her physician.

INVESTIGATION:

On 05/19/2026 a complaint was received via Bureau of Community and Health Systems online complaint system alleging that if Resident B wakes up, direct care staff members will administer her a PRN to go back to sleep which is not ordered by her physician. According to the complaint allegations, there were other residents who were also getting PRN medications when direct care staff members did not want to have them to be awake.

On 05/26/2026, I completed an unannounced on-site investigation at Safe Haven Assisted Living of Mason and interviewed direct care staff member Ms. Johnson. Ms. Johnson stated she had no concerns regarding medication administration. She reported that Resident B occasionally received Xanax as a PRN but noted Resident B's medications had recently been changed, and she now receives a scheduled medication for agitation twice daily.

I interviewed Resident A, Resident B, and Resident D regarding their medication administration however none of them were able to recall details of their medications or had any concerns regarding medication administration.

On 05/26/2026, I interviewed direct care staff member Ms. Woodruff. Ms. Woodruff reported concerns that Ms. Bryant was administering medications more frequently to Resident A and Resident B than appropriate. She stated she has advised direct care staff members that PRN medications are not intended for daily use. She stated that when Resident B wakes up but appears fine, Ms. Bryant may administer a PRN to help her return to sleep. She also expressed concern that Ms. Bryant might give Resident A the PRN to avoid managing behaviors. Ms. Woodruff was unable to provide specific dates or times when this occurred.

On 05/27/2026, I interviewed licensee designee Ms. Porter, who stated she had no concerns that Ms. Bryant or other direct care staff members were administering unnecessary PRN medications to Resident B. Ms. Porter provided a PRN summary from QuickMAR for the period 01/01/2026–05/28/2026, which documented frequent administration of Alprazolam 0.25 mg to Resident B; however, it did not indicate Ms. Bryant administered it more than other direct care staff members. Ms. Porter stated Resident B's medication was changed to a scheduled dose due to frequent need.

On 06/23/2026, I interviewed operations manager Ms. Foreman, who oversees all locations and completes monthly medication audits. Ms. Foreman stated she did not have concerns about PRN medications being overused for Resident A or Resident B.

On 06/23/2026, I interviewed direct care staff member Ms. Moon, who primarily works second shift. Ms. Moon stated she had no concerns regarding medications being administered as prescribed or PRN medications being used unnecessarily.

On 06/26/2026, I interviewed direct care staff member Ms. Nick-Hillis. She stated she had no concerns that residents were receiving unnecessary PRN medications from Ms. Bryant or other direct care staff members. She also stated that Ms. Bryant was not permitted to administer medications at this time due to a medication error, though she did not know the details.

On 06/30/2026, I interviewed direct care staff member Ms. Bryant. Ms. Bryant stated she had no concerns regarding medications being administered that were not prescribed. She reported she typically administers medications but is currently not permitted to do so following a medication error and is completing retraining. She stated Resident B previously received Alprazolam frequently for agitation but now receives scheduled doses at 10:00 AM and 8:00 PM instead of PRN. Ms. Bryant stated she is often able to identify early signs of Resident B's anxiety, which may relate to her needing to use the bathroom or having already used her brief.

On 07/07/2026, I interviewed Careline Health Group RN Shirey. RN Shirey stated he has never had concerns that direct care staff members at Safe Haven Assisted Living of Mason were administering unnecessary PRN medications.

APPLICABLE RULE	
R 400.675	**Resident medications.**
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

ANALYSIS:	Based on interviews with direct care staff members Ms. Johnson, Ms. Woodruff, Ms. Moon, Ms. Nick-Hillis, and Ms. Bryant, as well as licensee designee Ms. Porter, operations manager Ms. Foreman, and RN Shirey, there is no evidence of medication administration violations. While one direct care staff member expressed concerns about the frequency of PRN use, these concerns could not be substantiated, and documentation from QuickMAR showed PRN medications were administered appropriately and not disproportionately by any single direct care staff member. Resident B's PRN medication was appropriately transitioned to a scheduled regimen when it became routinely necessary.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Resident D had a fall and hit his head while at Safe Haven Assisted Living of Mason.

INVESTIGATION:

On 05/19/2026 a complaint was received via Bureau of Community and Health Systems online complaint system with concerns that while living at the facility Resident D had a fall and hit his head. According to the allegations, this fall caused a L1 and L2 fracture and he hit his head and was unconscious afterward.

On 05/26/2026, I completed an unannounced on-site investigation at Safe Haven Assisted Living of Mason and interviewed direct care staff member and home manager Ms. Johnson. Ms. Johnson reported that Resident D "falls often," explaining he frequently loses balance while attempting to sit and sometimes slides or falls into his chair or bed, resulting in few instances where he is found on the floor. She recalled a late-April fall that resulted in a fracture. Resident D is currently receiving Hospice services, and she confirmed Hospice was contacted at the time. Resident D was later transported to the hospital, where discharge documentation identified L1 and L2 fractures.

During the on-site investigation, I reviewed the following resident record documents for Resident D:
• *Health Care Appraisal* indicating Resident D has decreased mobility, vascular dementia, and cerebral ischemia, is on Hospice, and uses a walker and wheelchair.
• *Discharge Instructions* listing diagnoses of fall, liver mass, vertebral fracture, bilateral renal cysts, and pneumonia.
• *AFC Incident/Accident Report* dated 04/19/2026 written by Ms. Bryant, stating she heard a thud while assisting another resident, found Resident D on the floor saying he hit his head, and contacted Hospice.
• *Assessment Plan for AFC Residents* documenting that Resident D uses a walker, wheelchair, and hospital bed and requires one-person assistance for mobility.

• Daily progress notes from 04/19/2026 by Ms. Bryant stating, “[Resident D] fell and hit his head. Called Hospice.”
• Daily progress notes from 04/19/2026 by Ms. Woodruff documenting that Hospice was present, the resident was unresponsive, and EMS transported him to the hospital.

I attempted to interview Resident D regarding the fall; however he was not able answer questions regarding this incident and did not recall falling. Resident D stated direct care staff members always help him when he needs assistance and he appeared to be in good spirits. Resident D stated he liked living at Safe Haven Assisted Living of Mason and felt safe there.

On 05/26/2026, I interviewed direct care staff member Ms. Woodruff who stated she arrived after the fall occurred on 04/19/2026 and Hospice was already on-site preparing Resident D for transport. She explained that Ms. Bryant had been assisting another resident when Resident D fell. Ms. Woodruff reported inconsistencies in documentation, including differing times listed for the fall. She stated the *AFC Incident/Accident Report* noted a head injury with no visible bruising, and Resident D was later found to have L1 and L2 fractures.

On 05/27/2026, I interviewed licensee designee Ms. Porter. Ms. Porter confirmed the fall and stated she had no concerns regarding how it was handled. She reported that operations manager Ms. Foreman would have more detailed information and stated Hospice had not raised concerns regarding staff response.

On 06/23/2026, I interviewed operations manager Ms. Foreman, who is temporarily acting as home manager. Ms. Foreman stated she was not present for the incident but, based on documentation, Resident D attempted to get up during the night, fell, and hit his head. Hospice was contacted, and due to a delayed response, direct care staff members sent him to the hospital for evaluation, including imaging to rule out a brain bleed. Ms. Foreman stated she was uncertain whether the L1 and L2 fractures were new injuries. She reported Resident D has since returned and is doing well.

On 06/23/2026, I interviewed direct care staff member Ms. Moon, who stated she was not present for the fall. She understood that Resident D awoke during the night, fell backward, and may have sustained a concussion. Hospice evaluated him the same day. She reported no concerns regarding how the fall was handled or the level of supervision provided.

On 06/26/2026, I interviewed direct care staff member Ms. Nick-Hillis. She stated Resident D was active and showed no signs of pain after returning from the hospital. She stated Resident D had no bruise and sometimes walks without his walker despite needing it. She stated he is currently a “stand-by assist,” although that was not his status at the time of the fall. Ms. Nick-Hillis stated a fall alarm should have been in place earlier but also noted the fall occurred after he awoke and attempted to get up unexpectedly so this fall would still occur.

On 06/30/2026, I interviewed direct care staff member Ms. Bryant who was working when Resident D fell on 04/19/2026. Ms. Bryant said she was assisting another resident when Resident D fell. She reported he often refuses to use his walker and wants to use the grab bars instead. Ms. Bryant stated when Resident D falls he usually yells or curses so she heard that and she saw that he went into room #4's bathroom but he was backing up and fell after he had a bowel movement. She stated she believed he hit his head based on his position against the door, so she contacted Hospice, checked his vitals, and Hospice later evaluated him again. Ms. Bryant stated Resident D has fallen twice during her employment.

On 07/07/2026, I interviewed Careline Health Group Hospice RN Shirey. RN Shirey stated he believes Resident D may have passed out rather than fallen. He said a CT scan showed no acute injury and that the emergency department diagnosed possible pneumonia. RN Shirey reported no concerns regarding the facility's response and stated he has no concerns regarding Ms. Bryant's handling of the incident. He stated Resident D experiences frequent falls related to poor balance and physical weakness and that any fractures may have been unrelated to this specific incident.

APPLICABLE RULE	
R 400.671	**Resident care.**
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	Interviews with direct care staff members Ms. Johnson, Ms. Woodruff, Ms. Moon, Ms. Nick-Hillis, and Ms. Bryant, as well as licensee designee Ms. Porter, operations manager Ms. Foreman, and Hospice RN Shirey, indicated no evidence of rule violations in relation to Resident D's fall. While documentation times varied among reports, each individual consistently confirmed that direct care staff members responded promptly, notified Hospice, monitored the resident, and ultimately arranged for hospital evaluation when he became unresponsive. Hospice staff reported no concerns regarding the handling of the incident, and medical findings did not conclusively link the L1–L2 fractures to this fall. Overall, the information gathered shows that the fall was unwitnessed, responses were appropriate based on the circumstances, and there is no indication of improper supervision or mishandling by direct care staff members.
CONCLUSION:	**VIOLATION NOT ESTABLISHED.**

ADDITIONAL FINDINGS:

INVESTIGATION:

A review of the fire drill records showed that no fire drills were conducted during third shift. During the on-site investigation, Ms. Johnson explained that drills are completed on second shift because two direct care staff are present, and she is unable to conduct a drill on third shift with only one staff member available. Ms. Johnson stated her honest opinion with if there was a fire, she "doesn't know how many they would get out."

The fire drill times were listed for 2025:
01/08/2025 7:10 AM
02/17/2025 6:40 PM
03/06/2025 9:30 PM

04/10/2025 7:30 AM
05/06/2025 2:50 PM
06/17/2025 8:50 PM

07/07/2025 6:45 AM
08/13/2025 6:30 PM
09/10/2025 9:35 PM

10/16/2025 7:00 AM
11/14/2025 3:50 PM
12/08/2025 9:20 PM

The fire drill times were listed for 2026:
01/06/2026 7:20 AM
02/10/2026 7:00 PM
03/12/2026 9:30 PM
04/06/2026 9:40 AM

On 06/23/2026, I interviewed operations manager Ms. Foreman, who reported she oversees all locations and she confirmed that fire drills were not completed during third shift of the second quarter.

On 06/26/2026 I interviewed direct care staff member Ms. Nick Hillis. Ms. Nick-Hillis stated she has never worked when a fire drill has taken place and stated the fire drills are not being done.

On 06/30/2026 I interviewed direct care staff member Ms. Bryant. Ms. Bryant stated she does not believe that fire drills are ever being done there. Ms. Bryant stated she does not know why there would be documentation of fire drills because she has never done one when she's been working and she has been there for a year. Ms. Bryant stated she believes she was trained in fire safety procedures when hired but not recently. Ms.

Bryant stated she has not heard anything about fire drills needing to be done but she stated that since Ms. Foreman took over, she thinks this will be addressed.

APPLICABLE RULE	
R 400.619	**Emergency preparedness plan.**
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
ANALYSIS:	A review of the facility's fire drill practices indicated noncompliance with required fire drill scheduling. The facility did not conduct any fire drills between the hours of 11:00 PM and 7:00 AM, which constitutes sleeping hours. The only exception was a single drill completed on 07/07/2025 at 6:45 AM. During the on-site investigation, Ms. Johnson confirmed fire drills are performed exclusively on second shift because two direct care staff members are present, and she does not believe a drill can be safely completed on third shift with only one staff member available. Ms. Johnson further stated that, in the event of an actual fire during third shift, she is uncertain how many residents could be safely evacuated.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

Jennifer Browning _____07/08/2026_____

Jennifer Browning Date
Licensing Consultant

Approved By:

Dawn Timm 07/09/2026

_____

Dawn N. Timm Date
Area Manager