



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 17, 2026

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

RE: License #: AM330349436
Investigation #: 2026A1033049
Safe Haven Assisted Living

Dear Ms. Porter:

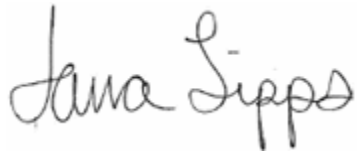
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 responsible party 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 (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in dark ink on a light background.

Jana Lipps, 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
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM330349436
Investigation #:	2026A1033049
Complaint Receipt Date:	07/28/2026
Investigation Initiation Date:	07/29/2026
Report Due Date:	09/26/2026
Licensee Name:	Safe Haven Assisted Living, LLC
Licensee Address:	981 Jolly Road Okemos, MI 48864
Licensee Telephone #:	(517) 402-1802
Administrator:	Tamesha Porter
Licensee Designee:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living
Facility Address:	981 Jolly Road Okemos, MI 48864
Facility Telephone #:	(517) 574-4579
Original Issuance Date:	02/07/2014
License Status:	REGULAR
Effective Date:	07/29/2026
Expiration Date:	07/28/2028
Capacity:	12
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
There is a toilet at the facility that is malfunctioning and residents are using this toilet despite the toilet not being able to flush.	Yes

III. METHODOLOGY

07/28/2026	Special Investigation Intake 2026A1033049
07/28/2026	APS Referral- Denied APS referral.
07/29/2026	Special Investigation Initiated - On Site Interviews conducted with direct care staff, LaPorsha Crenshaw, and household member, Steve Porter. Observation of the toilet in question was made.
07/29/2026	Contact - Telephone call made Attempt to interview licensee designee Tamesha Porter. Voicemail message left, awaiting response.
07/29/2026	Contact - Document Sent Email correspondence sent to licensee designee Tamesha Porter.
08/04/2026	Contact – Document Sent Email correspondence sent to licensee designee Tamesha Porter.
08/07/2026	Contact – Document Received Email correspondence received from licensee designee Tamesha Porter.
08/13/2026	Exit Conference Conducted via telephone with licensee designee Tamesha Porter.

ALLEGATION: There is a toilet at the facility that is malfunctioning and residents are using this toilet despite the toilet not being able to flush.

INVESTIGATION:

On 7/28/26 I received an online complaint about the Safe Haven Assisted Living, adult foster care facility (the facility). The complaint was derived from a denied adult protective services (APS) complaint that was submitted to APS on 7/24/26. The complaint alleged that Resident A and Resident B share a bathroom at the facility and

the toilet in this bathroom has been malfunctioning and cannot be flushed. The complaint to APS identified that the toilet had been malfunctioning for at least three days prior to the complaint being issued. The complaint further states that residents are required to continue to use the toilet and urinate and defecate in a toilet that cannot be flushed and is filled with human waste.

On 7/29/26 I conducted an unannounced, on-site investigation at the facility. I directly observed the toilet that is found in the bedroom of Resident A and Resident B's shared room. The toilet could not be flushed and contained human waste and a large amount of used toilet tissue. I interviewed direct care staff, LaPorsha Crenshaw, about the situation. Ms. Crenshaw reported that the toilet had not been properly functioning for about two days. She reported that Resident A had been using the toilet up until today when she was redirected to use another bathroom down the hall from her bedroom due to the toilet being clogged. Ms. Crenshaw reported that household member, Steve Porter, evaluated the toilet two days prior and did not fix it at the time as he had to order parts and was waiting for those parts to arrive. I requested to meet with Mr. Porter.

During the on-site investigation I interviewed Mr. Porter. Mr. Porter reported that he had fixed the toilet two days prior and thought the issue was resolved. He reported that he did not realize it was a continued issue after the initial repair was made. He demonstrated to this consultant that the chain attached to the toilet handle has been getting hooked on another part in the tank of the toilet and therefore not allowing the toilet to flush properly. He reported that he had moved some pieces around in the tank and he thought this issue was resolved. He was able to demonstrate to this consultant that if the chain is freed from the obstacle within the tank, the toilet does flush correctly. Mr. Porter was able to flush the toilet today and clear the clog. He reported that he will order replacement parts and replace the malfunctioning parts in the toilet to ensure it flushes correctly moving forward.

On 7/29/26 I made a telephone call to licensee designee, Tamesha Porter, to explain the concern regarding the toilet. I left a voicemail message and sent an email correspondence regarding the situation and did not receive a response. I then sent a follow-up email on 8/4/26 to Ms. Porter inquiring about the status of the repairs to this toilet. Ms. Porter responded by email on 8/4/26 that she would call this consultant on 8/5/26. A telephone call was not received on 8/5/26. Ms. Porter emailed on 8/7/26 and noted the toilet was fixed on 7/29/26.

On 8/13/26 I conducted an exit conference with Ms. Porter, via telephone. Ms. Porter acknowledged that the toilet in question has now been properly repaired. She reported that prior to the on-site investigation she had not been notified of the maintenance issue at the facility and will be providing education to her direct care staff regarding proper reporting of such incidents in the future.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	Based upon interviews conducted and on-site observations it can be determined that the toilet in Resident A and Resident B's bedroom did not function correctly for a period of about eight days and this situation was not resolved until the on-site investigation was conducted on 7/29/26. Due to a delay in responding to this maintenance issue a violation has been established as residents continued to use the malfunctioning toilet leading it to fill with human waste.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an approved corrective action plan, no change to the current status of the license recommended at this time.



8/13/26

Jana Lipps
Licensing Consultant

Date

Approved By:



08/17/2026

Dawn N. Timm
Area Manager

Date