



RICK SNYDER  
GOVERNOR

State of Michigan  
DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN  
DIRECTOR

August 13, 2012

Sherri Semans  
DS Heavenly Haven LLC  
3681 S. Meridian Road  
Ovid, MI 48866

RE: Application #: AS780319874  
DS Heavenly Haven  
1318 S. Chipman Street  
Owosso, MI 48867

Dear Ms. Semans:

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2585.

Sincerely,

Christopher Holvey, Licensing Consultant  
Bureau of Children and Adult Licensing  
4809 Clio Road  
Flint, MI 48504  
(517) 899-5659

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS780319874
<b>Applicant Name:</b>	DS Heavenly Haven LLC
<b>Applicant Address:</b>	1318 S. Chipman Street Owosso, MI 48867
<b>Applicant Telephone #:</b>	(989) 627-7718
<b>Administrator/Licensee Designee:</b>	Sherri Semans
<b>Name of Facility:</b>	DS Heavenly Haven
<b>Facility Address:</b>	1318 S. Chipman Street Owosso, MI 48867
<b>Facility Telephone #:</b>	(989) 627-7718
<b>Application Date:</b>	05/03/2012
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

05/03/2012	Enrollment
05/07/2012	Contact - Document Sent Rules & Act booklets
06/20/2012	Application Incomplete Letter Sent
07/02/2012	Application Complete/On-site Needed
08/03/2012	Inspection Completed On-site
08/10/2012	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

DS Heavenly Haven is a ranch style home with vinyl siding located in Owosso, MI. There is a two-car garage on the property with concrete floors and room for storage. The facility has a paved driveway that provides ample parking space for staff and visitors.

The main level of the home consists of a living room, dining area, kitchen, mud room/laundry room, two full bathrooms, and three resident bedrooms. There is a sliding glass door located in the dining area that leads to a small wooden landing and the backyard. The landing has four steps leading to a small cement patio area. The facility has a cement landing with three steps leading up to the front entrance of the facility. There is a large wooden deck attached to the side of the facility at the entrance to the mud room/laundry room.

The furnace and hot water heater are located in the basement and are separated from residents by a fully stopped, solid wood core door that is equipped with an automatic self-closing device and positive-latching hardware. Also located in the basement is a large amount of storage space. There is one fire extinguisher located on each level of the facility. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping areas, kitchen, and living areas. The facility has a public water supply and public sewage disposal system, which are both provided by the city of Owosso, MI.

The resident bedrooms and all living areas measured as follows:

Living Room	303 square feet	
Bedroom #1	12' 5" x 13' 8" = 170 square feet	2 residents
Bedroom #2	12' 5" x 9' 7" 1' 7" x 8' 9" = 133 square feet	2 residents
Bedroom #3	9' 7" x 13' 3" 2' 5" x 3' 2" = 139 square feet	2 residents

## B. Program Description

The facility will provide 24-hour supervision, protection and personal care for up to six male and/or female residents who suffer from developmental disabilities and/or mental illness. The facility has all the comforts of home in a family environment. The program will provide each resident with nutritional meals, basic self-care, and recreational and social activities, while helping them improve in developmental needs and teaching them to live as independently as capable. The facility is not wheelchair accessible.

Sherri Semans is the applicant/licensee and administrator of the facility. A criminal history background check was completed for the applicant/administrator. She has been determined to be of good moral character. The applicant/administrator submitted statements from a physician documenting her good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this family home licensed for (6) residents will be the responsibility of the applicant 24 hours a day / 7 days a week with the licensee designee/administrator on call to provide supervision. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the licensee designee/administrator, direct care staff or volunteers providing care to residents in the home.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, 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](http://www.Miltcpartnership.org)), 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to the direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee designee, administrator, direct care staff or volunteer, and the retention schedule for all of the documents contained within each employee's file.

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 volunteers and the retention schedule for all of the documents contained within the employee's file. The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal 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.

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 an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving 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 that a separate Resident Funds Part II (BCAL-2319) form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Sherri Semans has an associate of applied science degree/medical assistant program. She has 18 years of experience working in AFC homes, with 15 years as a direct care staff and manager of a large group home. Ms. Semans has been the licensee of an AFC family home for the developmentally disabled and mentally ill for the past three years. Ms. Semans plans to work at the facility as direct care staff and will be present at the facility on a regular basis to maintain a working knowledge of the residents and their needs and to assist with care of the residents as necessary. Ms. Semans reports that all resident files will be kept on the facility grounds.

### **C. Rule/Statutory Violations**

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality of Care rules will be assessed during the period of temporary licensing via an on-site inspection.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC small group home with a capacity of six (6) residents.

*Christopher A. Holvey*

8/13/12

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Christopher Holvey  
Licensing Consultant

Date

Approved By:

*Mary Holton*

8/14/12

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Mary E Holton  
Area Manager

Date