



RICK SNYDER  
GOVERNOR

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



MAURA D. CORRIGAN  
DIRECTOR

February 7, 2014

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

RE: Application #: AM330349436  
Safe Haven Assisted Living  
981 Jolly Road  
Okemos, MI 48864

Dear Ms. Porter:

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 12 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) 284-9720.

Sincerely,

Andrea Green, Licensing Consultant  
Bureau of Children and Adult Licensing  
5303 S Cedar  
PO Box 30321  
Lansing, MI 48909  
(517) 899-5637

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM330349436

**Applicant Name:** Safe Haven Assisted Living, LLC

**Applicant Address:** 981 Jolly Road  
Okemos, MI 48864

**Applicant Telephone #:** (517) 574-4579

**Administrator/Licensee Designee:** Tamesha Porter

**Name of Facility:** Safe Haven Assisted Living

**Facility Address:** 981 Jolly Road  
Okemos, MI 48864

**Facility Telephone #:** (517) 402-1802

**Application Date:** 10/03/2013

**Capacity:** 12

**Program Type:** AGED  
ALZHEIMERS

## II. METHODOLOGY

10/03/2013	Enrollment
10/03/2013	Contact - Document Sent Rules & Act booklets
10/03/2013	Inspection Report Requested - Health Inv. #1022176
10/03/2013	Inspection Report Requested - Fire
10/03/2013	Contact - Document Sent Fire Safety String
10/03/2013	PSOR on Address Completed
11/01/2013	Inspection Completed-Env. Health : A
11/15/2013	Contact - Telephone call made Telephone call to Tamesha Porter.
11/15/2013	Application Incomplete Letter Sent
01/21/2014	Inspection Completed-Fire Safety : A
01/28/2014	Inspection Completed On-site
01/28/2014	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a two story brick and siding dwelling located in the city of Okemos in Ingham County. The facility sits back from the road on 2.21 acres of land and has a paved driveway with a three car attached garage and has adequate space for parking for staff and visitors. The facility is wheelchair accessible with a ramp that provides access to two means of egress. The facility has a common living area and kitchen and dining area. There are seven resident bedrooms on the first floor of the home and two full bathrooms and six half bathrooms. The second floor of the home will be resided in by the licensee designee and her husband and two underage children. The residents will not have access to the second level of the home.

The furnace and water heater are located on the first floor and are enclosed in a room that is constructed of material which has a one hour fire resistance and fire-rated door that is equipped with an automatic, self-closing and positive latching hardware. The

laundry room is also located on the first floor and has a washer and electric dryer that is equipped with metal venting ducts.

The facility is equipped with an interconnected hard wired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in all sleeping areas, kitchen and living areas. The facility is equipped with fire extinguishers which are located in the kitchen area and each level of the facility. The facility utilizes private water supply and sewage.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions:

<b>Location</b>	<b>Dimensions</b>	<b>Square Footage</b>	<b>Capacity</b>
Bedroom # 1	13'11" X 13'11"	171.87	1
Bedroom # 2	13'5" X 14'	182.7	2
Bedroom # 3	13'10" X 13'11"	171.74	1
Bedroom # 4	13'4" X 13'11"	170.95	2
Bedroom # 5	24'10" X 16'2"	386.08	2
Bedroom # 6	13'11" X 13'8"	171.47	2
Bedroom # 7	13'5" X 13'11"	171.08	2
Living Area	27'2" X 16'5"	433.67	

The living area measures 433.67 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. Based on the above information, it is concluded that this facility can accommodate twelve (12) residents.

## **B. Program Description**

The facility will provide 24-hour supervision, protection and personal care for twelve (12) male or female residents. The facility will accept aged adults, and adults who have been diagnosed with Alzheimer's disease and other forms of dementia who have no wandering, aggressiveness or combative behaviors. The facility has gated areas outside of the building around each resident room and has provided additional safety nets by alarming the windows and doors. The facility will provide residents with the opportunity to participate in light exercise programs, table/board games, movie nights, birthday celebrations and other activities. In dealing with Alzheimer's residents, the

facility will provide program and activities that minimize and manage disorientation, restlessness, and agitation. In addition the facility will provide specific training for staff on working with Alzheimer's residents, and accommodating the residents' individual routines and preferences.

### **C. Applicant and Administrator Qualifications**

The applicant is Safe Haven Assisted Living, LLC, which is a domestic limited liability company that was established 09/06/2013. The applicant submitted an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Tamesha Porter is the licensee designee and administrator for the facility. A criminal history background check was completed on 10/03/2013 for Ms. Porter and no criminal convictions were found. Tamesha Porter submitted a medical clearance dated 09/09/2013 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Porter. Ms. Porter provided documentation that she has over five years of experience working with aged adults and Alzheimer's patients. Ms. Porter has completed required training through MALA, and CPR and First Aid training through the American Red Cross.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of 2 staff for 12 residents per shift during day time hours and 1 staff during sleeping hours from 10:30 pm – 6:30 am from 10:30 pm – 6:30 am. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirement 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. The applicant acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will 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 acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each license or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each residents file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate Resident Funds Part II BCAL -2399 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 residents personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of the incident and accidents and the responsibility to conduct an immediate investigation of the cause.

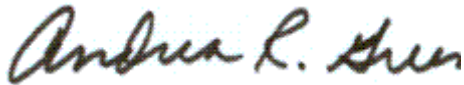
The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

**D. Rule/Statutory Violations**

Compliance with the 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 on-site inspections.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC small group home facility capacity of twelve (12) residents.



2/7/2014

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Andrea Green  
Licensing Consultant

Date

Approved By:



2/7/14

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Betsy Montgomery  
Area Manager

Date