



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

July 27, 2017

Brown, James and Berniece  
108 West E Street  
Iron Mountain, MI 49801

RE: License #: AF220368292  
**Safe Haven**  
**108 West E Street**  
**Iron Mountain, MI 49801**

Dear Brown, James and Berniece:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton". The signature is fluid and cursive, with a large loop at the end.

Theresa Norton, Licensing Consultant  
Bureau of Community and Health Systems  
234 West Baraga  
Marquette, MI 49855  
(906) 280-2519

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AF220368292
<b>Licensee Name:</b>	Brown, James and Berniece
<b>Licensee Address:</b>	108 West E Street Iron Mountain, MI 49801
<b>Licensee Telephone #:</b>	(906) 774-1449
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	N/A
<b>Name of Facility:</b>	Safe Haven
<b>Facility Address:</b>	108 West E Street Iron Mountain, MI 49801
<b>Facility Telephone #:</b>	(906) 774-1449
<b>Original Issuance Date:</b>	02/05/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/20/2017

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
None to review
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.1424            Environmental health.**

**(1) The water supply shall be adequate, of a safe and sanitary quality, and from an approved source. Hot and cold running water under pressure shall be provided.**

The water temperature in the kitchen registered at 129 degrees. (Recommended 105 – 120 degrees Fahrenheit)

**R 400.1438            Emergency preparedness; evacuation plan; emergency transportation.**

**(4) Fire drills shall be conducted 4 times a year. Two of the 4 required fire drills shall be conducted during sleeping hours. A record of the fire drills shall be incorporated with the evacuation plan.**

No sleeping hours fire drills were conducted or documented for 2016/2017.

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



07/27/2017

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Theresa Norton  
Licensing Consultant

Date