



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 8, 2017

Tamesha Porter
Safe Haven Assisted Living of Three Rivers, LLC
13415 Pleasant View
Three Rivers, MI 49093

RE: Application #: AS750388041
Safe Haven Assisted Living, LLC
118 W. Adams St.
Three Rivers, MI 49093

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 6 is issued.

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) 284-9720.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(517) 281-9913

enclosure

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

I. IDENTIFYING INFORMATION

LicenseApplication #: AS750388041

Applicant Name: Safe Haven Assisted Living of Three Rivers, LLC

Applicant Address: 13415 Pleasant View
Three Rivers, MI 49093

Applicant Telephone #: (517) 574-5479

Administrator/Licensee Designee: Tamesha Porter, Designee

Name of Facility: Safe Haven Assisted Living, LLC

Facility Address: 118 W. Adams St.
Three Rivers, MI 49093

Facility Telephone #: (517) 402-1802

Application Date: 04/17/2017

Capacity: 6

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

04/17/2017	Enrollment
04/24/2017	Contact - Document Sent Rule & Act booklets
05/02/2017	Application Incomplete Letter Sent
06/22/2017	Application Complete/On-site Needed
06/22/2017	Inspection Completed-BCAL Sub. Compliance
06/24/2017	Confirming Letter Sent
08/11/2017	Documentation Received
08/11/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is a single story ranch home located in the city of Three Rivers approximately 2.7 miles from Three Rivers Health Hospital and 2.8 miles from a Meijer grocery center and Meijer pharmacy. Within one mile of the home is Calvary Missionary Baptist Church, a Hoffman's grocery store, a Marathon gas station, and Bowman Memorial Park. The home has a front patio and well-manicured front yard edged by flower beds and ornamental grasses. There is staff and visitor parking near the front entry of the home on a paved lot and curbside parking.

On the main floor are two full bathrooms, two living rooms, a dining room, kitchen, and six resident bedrooms. Each of the six resident bedrooms are single, private resident bedrooms, however only Resident Bedroom #5 and #6 each have a private half bathroom. The home has a crawlspace instead of a basement that will not be used by residents. There is one step present at the entrance of the home, with an additional wheelchair accessible ramp extending from this entrance to the driveway. A second entrance/exit located behind the home includes a wheelchair accessible ramp that extends across the length of the home to solid unobstructed ground. The home is wheelchair accessible with these 2 approved means of egress. The home utilizes public water and sewage systems.

The hot water heater is located on the main floor and is accessible from the outside of the home with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The home has electric baseboard heat throughout the home instead of a conventional furnace. The facility is equipped with battery powered, single station smoke detectors near sleeping and living areas.

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

Room	Dimensions	Total Square Footage	Total Resident Beds
Bed #1	10'7" X 20'3"	217.21	1
Bed #2	13'6" X 12'6"	171.36	1
Bed #3	10'4" X 14'	145.6	1
Bed #4	13'6" X 12'6"	171.36	1
Bed #5	11'7" X 11'2"	131.04	1
Bed #6	13'6" X 7'6"	103.36	1
Living Area	13'7" X 9'10" 7' X 9'10" 13'10" X 13'3"	362.6	

The living and dining areas measure a total of 362 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to **six (6)** male and female residents who are aged or who are diagnosed Alzheimer's disease. The program will include assistance and supervision with activities of daily living and medication management and administration. The applicant intends to accept referrals from St. Joseph County CMH, MI Choice and HAB waiver programs, Area Agency on Aging and the Veterans Administration. The applicant submitted a written description of the services that will be provided to the Alzheimer's population.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

Emergency transportation is available by dialing 911. The applicant will assist with arranging transportation to community activities as resident's desire. Transportation provided by the resident's family or public transport will be specified in the resident care agreement.

In addition to the above program elements, it is the intent of the applicant to use an activity calendar to complete recreational activities in the home, such morning exercise, bingo, painting and church services to enhance the daily living of each resident.

C. Applicant and Administrator Qualifications:

The applicant is Safe Have Assisted Living of Three Rivers, L.L.C., which is a “Domestic Limited Liability Company”, which was established in Michigan on 04/06/2017. The applicant submitted a current financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Safe Have Assisted Living of Three Rivers, L.L.C. have submitted documentation appointing Tamesha Porter as Licensee Designee and Administrator for this facility.

A criminal history check was conducted and determined that the licensee designee/administrator, Tamesha Porter, is of good moral character and eligible for employment in a licensed adult foster care facility. Licensee designee, Tamesha Porter, who will also be the administrator for the facility, submitted a statement from her physician documenting her good health and current TB-tine negative results. The licensee designee has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. Porter has experience as a certified nursing assistant for 20 years and has 14 certified education hours from the Michigan Assisted Living Association. Mrs. Porter currently is the licensee designee and administrator for another successfully licensed AFC facility which has been opened for approximately 4 years. Mrs. Porter has at least 4 years of experience providing direct care to individuals diagnosed with Alzheimer’s and the aged. Safe Have Assisted Living of Three Rivers, L.L.C. submitted a statement identifying the program’s Alzheimer’s Care Essentials, including adaptable routines and activities.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff member to six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during resident sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements 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 and contractors who have regular, ongoing, “direct

access” to residents or 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) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledged 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 acknowledged their 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 their responsibility to maintain all required documentation in each employee’s record for each licensee 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 home for adult foster care.

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

The applicant acknowledged their 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 resident’s file.

The applicant acknowledged 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.

The applicant acknowledged 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 acknowledged 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 and accident involving a resident, employee, and/or visitor.

The applicant acknowledged their 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 licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

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



09/05/2017

Eli DeLeon
Licensing Consultant

Date

Approved By:



09/08/2017

Dawn N. Timm
Area Manager

Date