



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 8, 2020

Sherri Semans
DS Heavenly Haven LLC
2140 Heavenly Haven Dr
Owosso, MI 48867

RE: Application #: AS780405246
DS Heavenly Haven III
2149 Heavenly Haven Drive
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 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Candace L. Pilarski".

Candace Pilarski, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 284-8967

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS780405246

Applicant Name: DS Heavenly Haven LLC

Applicant Address: 2140 Heavenly Haven Dr
Owosso, MI 48867

Applicant Telephone #: (989) 627-7718

Administrator/Licensee Designee: Sherri Semans, Designee

Name of Facility: DS Heavenly Haven III

Facility Address: 2149 Heavenly Haven Drive
Owosso, MI 48867

Facility Telephone #: (989) 627-7718
08/03/2020

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

08/03/2020	Enrollment Online enrollment
08/04/2020	Application Incomplete Letter Sent IRS ltr; 1326, RI-030, & FPS for Sherri; AFC 100 for Admin
08/05/2020	Contact - Document Received 1326 & RI-030 for Sherri (LD & Admin)
08/17/2020	Contact - Document Received-IRS letter
08/18/2020	Inspection Report Requested - Health Inv. #1030823
08/25/2020	Application Incomplete Letter Sent

Facility documents requested via email

09/01/2020 Application Complete/On-site Needed

09/03/2020 Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home is located in a rural area close to the city of Corunna on approximately one acre of land. The home is a ranch style home that has been recently remodeled with brand new living area additions. All of the building and mechanical inspections have been approved and passed by the local authorities. There are four bedrooms for residents only. Two small hallways lead left and right off the front living room and each contain two resident bedrooms. Each of the small hallways has a full bathroom for resident use for a total of two full bathroom facilities. The front living room is directly off the main entry room and is a great room area that leads into the kitchen. From a large opening behind the kitchen area, there is a very large sitting room and dining room addition. At both door entrances and egresses, there is a concrete step leading to a concrete porch, making the home not wheelchair accessible. There are two cement driveways, one that is a horseshoe shape that is partially covered by a roof so the residents can be protected by weather when entering or leaving the home main entrance. There is plenty of parking for staff and visitors in the driveway as well as along the front street. The home utilizes a private well and septic system which was inspected by the Shiawassee County Health department on 09/01/2020 and found to be in substantial compliance with applicable environmental health rules.

The home has a gas furnace and water heater located in the unfinished basement of the home. There is a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs to the basement to create floor separation.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located in each hallway that serves two bedrooms, kitchen area and in the basement of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8.1 x 11.1	89.91	1

2	18.05 x 10.08	181.94	2
3	8.1 x 11.1	89.91	1
4	18.05 x 10.08	181.94	2
Living Room	20.07 x 15.04	301.85	0
Sitting room/dining room combo	29 x 15.05	436.45	0

The indoor living and dining areas measure a total of 738.30 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The facility will provide 24-hour supervision, protection, and personal care for up to six male residents age 18 years and older, who are developmentally disabled and/or mentally ill. 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 applicant intends to accept referrals from the Shiawassee County Mental Health Authority.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities. These resources provide an environment to enhance resident quality of life.

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.

C. Applicant and Administrator Qualifications

DS Heavenly Haven LLC is the applicant/licensee and has appointed Sherri Semans as both the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Semans. She has been determined to be of good moral character. Ms. Semans submitted a statement from a physician documenting her good health and current TB-tine negative results.

Sherri Semans has an associate of applied science degree/medical assistant program. She has over 25 years of experience working in AFC homes, with over 20 years cumulative as a direct care staff and manager of a large group home. Ms. Semans has been the licensee of an AFC small group home for eight years, both for developmentally disabled and mentally ill residents. Ms. Semans plans to 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.

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 small group home licensed for six resident will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with one direct care staff on-site for six 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 responsible person 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), 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, or volunteer staff, 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 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.

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 six-month temporary license to this adult foster care family home with a capacity of six residents.

Candace L. Pilarski

Candace Pilarski
Licensing Consultant

9/4/2020

Date

Approved By:

Dawn Timm

09/08/2020

Dawn N. Timm
Area Manager

Date