



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 26, 2021

Mattie Pearson
Safe Haven DHC, LLC
P.O. Box 141
Grand Blanc, MI 48480

RE: Application #:	AS250405691 Safe Haven AFC 3429 Barth Street Flint, MI 48504
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Dear Ms. Pearson:

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 4 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,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250405691
Licensee Name:	Safe Haven DHC, LLC
Licensee Address:	3429 Barth Street Flint, MI 48504
Licensee Telephone #:	(989) 295-6980
Licensee Designee:	Mattie Pearson
Administrator	Trina Townsend
Name of Facility:	Safe Haven AFC
Facility Address:	3429 Barth Street Flint, MI 48504
Facility Telephone #:	(810) 262-9429
Application Date:	09/04/2020
Capacity:	4
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

09/04/2020	On-Line Enrollment
09/07/2020	Contact - Document Sent forms
11/10/2020	Contact - Document Received 1326,ri030
01/07/2021	Application Incomplete Letter Sent
01/22/2021	Contact - Document Received Documentation received.
01/25/2021	Contact - Document Received Documentation received.
02/08/2021	Application Incomplete Letter Sent 2nd application incomplete letter sent.
02/19/2021	SC-Application Received - Original
02/24/2021	Inspection Completed On-site
02/24/2021	Inspection Completed-BCAL Sub. Compliance
04/06/2021	Application Incomplete Letter Sent 3rd application incomplete letter sent via email.
04/07/2021	Inspection Completed On-site
04/07/2021	Inspection Completed-BCAL Full Compliance
04/07/2021	SC-Inspection Full Compliance
04/07/2021	Application Complete/On-site Needed
04/26/2021	SC-Recommend MI and DD
04/26/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Safe Haven Adult Foster Care is located at 3429 Barth Street in the city of Flint, Michigan. This is a ranch-style home in a well-established neighborhood. It consists of three bedrooms and one full bathroom. The bedrooms are fully furnished, and the bathroom has safety bars near the toilet and in the shower. There is a living room, a kitchen, a sunroom, and a dining area that has seating for all residents. The four-season sunroom is completely enclosed and will be used by the residents at their discretion.

This facility has four independent means of egress but only two of them are considered part of the emergency evacuation plan. The first emergency exit is located at the front of the facility, off the living room. The second emergency exit is located at the back of the facility and leads directly to the backyard. Another exit is through the garage and the last exit is through sliding glass doors from the dining room that lead to the sunroom and then to the backyard. All exterior steps have handrails on any open sides and all egress doors are equipped with non-locking-against egress, positive latching hardware. The home has public water and sewer. This facility is not wheelchair accessible.

The home and property are owned by Trina Townsend who is listed as the Administrator. Ms. Townsend has given her permission to inspect and the right to occupy the home to Safe Haven DHC, LLC and to the licensee designee, Mattie Pearson. The owners made the following home improvements in 2020: had a water filtration system installed, a new roof, new furnace, new hot water heater, and the electrical system was updated. The furnace, hot water heater, and washer and dryer are in the basement. Floor separation is achieved by a 1 ¾ inch solid core door at the bottom of the stairs which automatically self-closes and has positive latching hardware. The furnace and hot water heater were inspected on 1/23/21 by Reese's Heating & Cooling and were deemed to be in safe working condition. The dryer is equipped with a solid metal vent. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. There are smoke detectors in each bedroom, in the basement, and in other vital locations of the facility. Fire extinguishers are located on each floor of the facility.

The bedrooms have the following dimensions:

Bedroom	Room Dimensions	Total Square Footage	Total Resident Beds
#1	9'3" x 11'9"	109 sq. ft.	1
#2	11'8" x 11'5"	133 sq. ft.	2
#3	8'9" x 9'3"	81 sq. ft.	1

The living and dining room areas measure a total of 536 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Bedrooms #1 and #3 are private rooms and Bedroom #2 is a multi-occupancy room large enough for two residents. Based on the above information, it is concluded that this facility can accommodate **four (4)** residents.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to **four (4)** male or female ambulatory adults, age 18 and over, whose diagnosis is aged, developmentally disabled, mentally ill and/or physically handicapped in the least restrictive environment possible.

The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from local agencies including the Department of Health and Human Services, area agencies on aging, home health agencies, etc.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will ensure that the residents' medical needs are met and has transportation available for residents to access community-based resources and services. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Licensee Designee and Administrator Qualifications

The facility is operated by Safe Haven, DHC, LLC. This Domestic Limited Liability Company was established in the state of Michigan on 3/19/20 by resident agent, Trina Townsend. Ms. Townsend owns the home and is listed as the Administrator of the facility. Ms. Townsend has given her permission to inspect and the right to occupy the home to Safe Haven DHC, LLC and to the licensee designee, Mattie Pearson. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1-staff-to-4-residents per shift.

The applicant acknowledges an understanding of the training and qualification 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 Identigo website (www.identigo.com) by MorphoTrust USA and the related documents required to be maintained in each employees 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 her 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 her responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all the documents contained within each employee’s file.

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 her 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 her 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges her responsibility to obtain all the required 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. In addition, the applicant acknowledges her responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all the documents contained within each resident's file. The applicant acknowledges her 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

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. 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 4.
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Susan Hutchinson

April 26, 2021

Susan Hutchinson Licensing Consultant	Date
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Approved By:

Mary Holton

April 26, 2021

Mary E Holton Area Manager	Date
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