



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 15, 2023

Tamesha Porter
Safe Haven Assisted Living Of Haslett LLC
5917 Edson St
Haslett, MI 48840

RE: License #: AL330404984
Safe Haven Assisted Living Of Haslett
5917 Edson St
Haslett, MI 48840

Dear Ms. Porter:

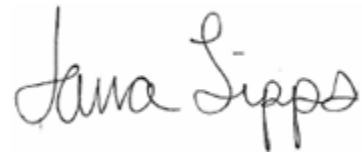
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps". The signature is written in a dark ink on a light background.

Jana Lipps, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AL330404984

Licensee Name: Safe Haven Assisted Living Of Haslett LLC

Licensee Address: 5917 Edson St
Haslett, MI 48840

Licensee Telephone #: (517) 402-1802

Licensee/Licensee Designee: Tamesha Porter, Designee

Administrator: Tamesha Porter

Name of Facility: Safe Haven Assisted Living of Haslett

Facility Address: 5917 Edson St
Haslett, MI 48840

Facility Telephone #: (517) 339-7278

Original Issuance Date: 09/29/2020

Capacity: 16

Program Type: ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/10/2023

Date of Bureau of Fire Services Inspection if applicable: 06/06/2022

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 11
No. of others interviewed [redacted] 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. The facility does not manage resident funds for any of the current residents.
- 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.
- 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 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

The Resident Care Agreement (RCA) form for Resident A recorded the room and board cost for Resident A to be \$923 per month. The Resident Funds Part II form recorded room and board charges being \$1012 per month. The RCA did not reflect the change in room and board cost that was recorded on the Resident Funds Part II form. The licensee did not update the RCA when the room and board cost increased.

R 400.15312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

During on-site inspection Resident B's medications were reviewed. A package of Lisinopril 2.5mg medication, that had been discontinued on 2/2/23, was found with Resident B's current routine medications.

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During on-site inspection the shower current rod in the resident shower room was loose and disconnected from the wall. The shower current rod was also taped together in the middle with masking tape. This shower current rod needs repair/replacement.

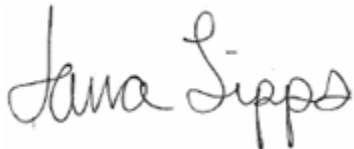
R 400.15408 Bedrooms generally.

(4) Interior doorways of bedrooms that are occupied by residents shall be equipped with a side-hinged, permanently mounted door that is equipped with positive-latching, nonlocking-against-egress hardware.

The bedroom doors for Resident A, Resident C, & Resident D were not equipped with positive-latching, nonlocking-against-egress hardware.

IV. RECOMMENDATION

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



03/15/2023

Jana Lipps
Licensing Consultant

Date