



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 17, 2023

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

RE: Application #: AS220415857
Safe Haven AFC
108 W E St
Iron Mountain, MI 49801

Dear James and Berniece Brown:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant
Bureau of Community and Health Systems
305 Ludington St
Escanaba, MI 49829
(906) 280-8531

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS220415857
Applicant Name:	James and Berniece Brown
Applicant Address:	108 West E Street Iron Mountain, MI 49801
Applicant Telephone #:	(906) 774-1449
Administrator:	Bernice Brown
Name of Facility:	Safe Haven AFC
Facility Address:	108 W E St Iron Mountain, MI 49801
Facility Telephone #:	(906) 774-1449
Application Date:	03/10/2023
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/10/2023	Enrollment
03/10/2023	Application Incomplete Letter Sent App Incomplete Ltr sent w/1326 and RI-030 for both licensees
03/29/2023	Contact - Telephone call made Returned call to licensee, but mailbox was full so I couldn't leave a message.
03/29/2023	Contact - Telephone call made Spoke w/licensee about out of state prints and AFC-100
03/29/2023	Contact - Document Sent Sent AFC-100
05/03/2023	Comment Email rec'vd about status of new fingerprints; they haven't been rec'vd yet.
05/26/2023	PSOR on Address Completed
05/30/2023	File Transferred To Field Office
05/31/2023	Application Incomplete Letter Sent
09/10/2023	Application Complete/On-site Needed
9/13/2023	Inspection Completed-onsite
9/13/2023	Inspection Completed-BCAL Full Compliance
10/17/2023	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The home was an existing (816 sq. ft.) home built in 1941 that has been completely refurbished. A total 1713 sq. ft. split level (856 each level) addition has been built adjacent to the existing house. The building is located within the city of Iron Mountain. This property is owned by James and Berniece Brown.

The property sits in close proximity to schools, parks, service provider organizations, medical resources and shopping areas. Proof of ownership was provided and reviewed.

The home has seven (7) bedrooms, six (6) of which will be used for resident occupancy. Each resident will have their own room. The home has a large kitchen and a combined dining and living room area. There is one full bathroom upstairs and one ½ bathroom. The home is very neat, clean, and comfortably furnished.

There are two bedrooms located in the lower level of the home. These bedrooms are approved for occupancy. In addition to the bedrooms, there is a large, multi-purpose room and a full bathroom available for resident use in the lower level.

The approved bedrooms have the following dimensions:

Upper-level bedrooms:

Bedroom #1 123 sq. ft. Approved capacity 1
Bedroom #2 114 sq. ft. Approved capacity 1
Bedroom #3 102 sq. ft. Approved capacity 1
Bedroom #4 102 sq. ft. Approved capacity 1

Lower-level bedrooms:

Bedroom # 5 127 Sq. Ft. Approved capacity 1
Bedroom # 6 127 Sq. Ft. Approved capacity 1

The home has the square footage necessary to accommodate up to 6 residents as requested on the application. The facility is fully equipped with the required furnishings, linens, and dishware. It is the licensee's responsibility not to exceed their licensed resident capacity.

The home is serviced with municipal water and sewage.

The facility has installed integrated smoke detectors that are located in the hallways near the approved bedrooms, the kitchen, lower level, and in the living room area that were tested and found to be in good working order. The home is heated by

natural gas. The furnace and water heater are in compliance as of 9/14/23 with all state and local codes. The heating plant is located in the lower level of the home and is totally enclosed with a self-closing metal fire door.

The home does not meet the criteria for accepting residents that require the use of a wheelchair.

B. Program Description

The facility proposes to serve male and female adults that are Aged and/or diagnosed with Mental Illness or Developmental Disabilities.

The home will offer residents a normalized home environment and integrations with various community resources and will encourage family involvement. The home will provide activities including church services, shopping, Christmas activities, music, bingo games and more for the resident's enjoyment. The goal is to help each resident to realize their full potential for self-sufficiency and become an accepted and productive part of the community.

Transportation to local medical appointments will be arranged / provided by the home as needed. Transportation to out-of-area appointment will be arranged / provided.

C. Licensee and Administrator Qualifications

James Brown and Berniece Brown have operated two adult foster care homes since 2007. A licensing record clearance request was completed with no LEIN convictions recorded for Mr. and Mrs. James Brown. The Browns submitted medical clearance requests with a statement from a physician documenting good health and current TB-tine negative results. Berniece Brown is the administrator of this home.

The staffing pattern for this 6-bed facility is adequate and includes a minimum of 1 staff per 6 residents on the awake-shift, and 1 staff to 6 residents during the sleep shift.

The licensees acknowledged an understanding of their responsibility to assess the good moral character of each volunteer and employee of the facility. The licensee stated they will use the FBI fingerprinting system to process and identify criminal history when assessing good moral character. 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 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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employee's record to demonstrate compliance.

The licensees 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 medications to residents. In addition, the licensee has indicated that resident medications will be stored in a locked area and that daily medication logs will be maintained on each resident receiving medication.

The licensees acknowledged an understanding of the administrative rules regarding informing each resident of their rights and providing them with a copy of those rights. The licensee indicated that it is their intent to achieve and maintain compliance with these requirements.

The licensees 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 licensee has indicated the intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The licensees acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and does intend to comply with the stated rules.

The licensees acknowledged that they will provide three well-balanced meals and nutritious meals daily. The licensee is aware and intends to comply with the provision of special diets that may be required for any resident.

The licensees acknowledged their 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 licensee acknowledges the responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all documents contained within each resident file.

The applicant acknowledges 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 (capacity 1-6).



10/17/2023

Maria DeBacker
Licensing Consultant

Date

Approved By:



10/17/2023

Mary E. Holton
Area Manager

Date