

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 24, 2024

Jzsa-Jaza Gibson Pharaoh's Rest Haven, LLC 1102 S. West Avenue Jackson, MI 49203

> RE: License #: AS380406021 Pharaoh's Rest Haven 1044 S. MLK Jr. Drive Jackson, MI 49203

Dear Jzsa-Jaza Gibson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

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 (313) 456-0380.

Sincerely,

Maktina Rubertius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems Cadillac Place 3026 W. Grand Blvd., Ste. #9-100 Detroit, MI 48202 (517) 262-8604

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

I. IDENTIFYING INFORMATION

License #:	AS380406021
Licensee Name:	Pharaoh's Rest Haven, LLC
Licensee Address:	1044 S. MLK Jr. Drive Jackson, MI 49203
Licensee Telephone #:	(517) 513-3381
Licensee/Licensee Designee:	Jzsa-Jaza Gibson
Administrator:	Jzsa-Jaza Gibson
Name of Facility:	Pharaoh's Rest Haven
Facility Address:	1044 S. MLK Jr. Drive Jackson, MI 49203
Facility Telephone #:	(517) 513-3381
Original Issuance Date:	08/05/2021
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	01/24/2024	
Date of Bureau of Fire Services Inspection if applicable:	N/A	
Date of Health Authority Inspection if applicable:	N/A	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:	3 0	
● 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 I If no, explain. Meal preparation / service observed? Yes No X If no, explain. The mealtimes were not concurrent with the on-site inspection. Fire drills reviewed? Yes No I 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. Incident Reports are no longer required to be submitted to LARA. 		
 Corrective action plan compliance verified? Yes ∑ CAP date/s and rule/s: R 400.14401 (2), R 400.14402 (3), R 400.14407 (3), R 400.14408 (4) N/A □ Number of excluded employees followed-up? 1 N/A □ 		
• Variances? Yes 🗌 (please explain) No 🗌 N/A 🔀		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license and the special certification is recommended.

Maktina Rubatius

1/24/2024

Mahtina Rubritius Licensing Consultant Date