



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 5, 2024

Tanya Haven-Rowe
Haven-Rowe LLC
12273 Farrand Rd.
Montrose, MI 48457

RE: Application #:	AS250418241 New Haven 7448 E. Maple Ave Grand Blanc, MI 48439
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Dear Tanya Haven-Rowe:

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,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250418241
Applicant Name:	Haven-Rowe LLC
Applicant Address:	12273 Farrand Rd. Montrose, MI 48457
Applicant Telephone #:	(810) 639-6578
Administrator/Licensee Designee:	Tanya Haven-Rowe
Name of Facility:	New Haven
Facility Address:	7448 E. Maple Ave Grand Blanc, MI 48439
Facility Telephone #:	(810) 577-4721
Application Date:	02/08/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

02/08/2024	Enrollment
02/08/2024	Application Incomplete Letter Sent Requested 1326/RI030
02/08/2024	PSOR on Address Completed
02/08/2024	Contact - Document Sent forms sent
02/14/2024	Contact - Document Received RI030
04/15/2024	Contact - Document Received 1326
04/17/2024	File Transferred To Field Office
04/22/2024	Application Incomplete Letter Sent Via email
04/22/2024	SC-Application Received - Original
06/05/2024	Inspection Completed-Env. Health : A
08/20/2024	Application Complete/On-site Needed
08/27/2024	Inspection Completed On-site
08/27/2024	SC-Inspection Completed On-Site
08/27/2024	SC-Inspection Full Compliance
08/27/2024	Inspection Completed-BCAL Sub. Compliance
08/28/2024	Application Incomplete Letter Sent
09/05/2024	Contact - Document Received Final documentation received
09/05/2024	Inspection Completed-BCAL Full Compliance
09/05/2024	Recommend license issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

New Haven Adult Foster Care facility is located at 7448 East Maple Avenue in the township of Atlas, Grand Blanc, Michigan. This facility is one of the original CLF homes built in the 1980's and 1990's. It was licensed under Maple Woods AFC, License #AS250010923 with Resident Advancement, Inc. The license was closed on 02/16/23. This is a ranch-style home located in a country setting. It consists of three resident bedrooms and two full bathrooms. There is also a staff office that was previously a bedroom.

All bedrooms are fully furnished and suitable for resident use. One of the full bathrooms has a walk-in shower while the other has a bathtub. Both bathrooms are equipped with safety bars near the toilet and in the shower. There is a full kitchen, living room, dining room, family room, and laundry room. The dining room has seating for all residents. The medications will be kept in a locked room off the kitchen/laundry room area. The facility has private water and sewer and received an "A" rating from the Genesee County Health Department on 06/05/2024.

This facility has four independent means of egress which are all equipped with positive latching, non-locking-against-egress hardware. The dryer is equipped with a solid metal vent which is vented directly outside. The furnace and hot water heater are in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The furnace was inspected on 05/21/24 by Alliance Heating & Cooling and was deemed safe to operate. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician. It was inspected on 02/28/24 by Quality First Fire Alarm & Sprinkler company and deemed in safe operating condition. This facility is wheelchair accessible.

The home is owned by Linda Brannon (Herbert P. Brannon Trust). Linda & Herbert Brannon have maintained an active lease with Genesee Health Systems (GHS) since 2012. GHS has provided written permission for Haven-Rowe LLC to operate an adult foster care facility from this address and has given AFC licensing permission to inspect the property. Haven-Rowe LLC has a written intent to contract with GHS and GHS will be renewing their contract with Linda & Herbert Brannon on 10/01/24.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
A	11'1" x 15'2"	181 sq. ft.	2
B	10'11" x 15'2"	166 sq. ft.	2
C	10'11" x 15'2"	166 sq. ft.	2

The living, dining, and family room areas measure a total of 628 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 **six (6)** male or female ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, physically handicapped, and/or traumatically brain injured 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 Genesee Health Systems.

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 provide all transportation for program and medical needs. 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. Applicant and Administrator Qualifications

The applicant is Haven-Rowe LLC which is a "Domestic Limited Liability Company", was established in Michigan, on 12/29/2015. 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.

The Board of Directors of Haven-Rowe LLC has submitted documentation appointing Tanya Haven-Rowe as the Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements 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 6-bed facility is adequate and includes a minimum of 2-staff-to-6-residents per shift. All staff shall be awake during sleeping hours.

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 IdentoGo website (www.identogo.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 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 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 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 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 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 applicant acknowledges their 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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day discharge 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 quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

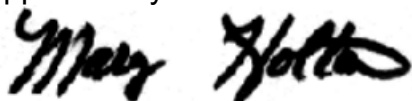
I recommend issuance of a temporary license to this adult foster care small group home with a capacity of 6.



September 5, 2024

Susan Hutchinson Licensing Consultant	Date
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Approved By:



September 5, 2024

Mary E. Holton Area Manager	Date
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