



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 23, 2024

Tamesha Porter
Safe Haven Assisted Living Of Mason LLC
981 Jolly Road
Okemos, MI 48864

RE: License #: AL330400202
Safe Haven Assisted Living Of Mason
1850 W. Service Drive
Mason, MI 48854

Dear Ms. Porter:

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Jana Lipps".

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

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

I. IDENTIFYING INFORMATION

License #:	AL330400202
Licensee Name:	Safe Haven Assisted Living Of Mason LLC
Licensee Address:	981 Jolly Rd. Okemos, MI 48864
Licensee Telephone #:	(517) 402-1802
Licensee/Licensee Designee:	Tamesha Porter, Designee
Administrator:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living Of Mason
Facility Address:	1850 W. Service Drive Mason, MI 48854
Facility Telephone #:	(517) 402-1802
Original Issuance Date:	05/17/2022
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/23/2024

Date of Bureau of Fire Services Inspection if applicable: 10/21/24

Date of Health Authority Inspection if applicable: 7/16/24 (Awaiting final report)

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 15
No. of others interviewed 1 Role: licensee designee

- 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. Licensee designee does not currently keep cash funds for any of the residents.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
The inspection took place prior to the noon meal and after breakfast.
- 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? Two excluded employees were followed up on during on-site inspection. Ramyah Bagwell & Sierra Diaz. These individuals are not currently employed at the facility. N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

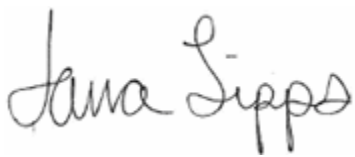
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

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

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20), contingent upon receipt of an approved environmental health inspection report. Awaiting final report from Ingham County Health Department.



10/23/24

Jana Lipps
Licensing Consultant

Date