



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 19, 2024

Sherri Semans
DS Heavenly Haven LLC
2140 Heavenly Haven Dr.
Owosso, MI 48867

RE: License #: AS780418108
DS Heavenly Haven IV
2145 Heavenly Haven Dr.
Owosso, MI 48867

Dear Ms. Semans:

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 "Candace Coburn".

Candace Coburn, 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 #:	AS780418108
Licensee Name:	DS Heavenly Haven LLC
Licensee Address:	2140 Heavenly Haven Dr. Owosso, MI 48867
Licensee Telephone #:	(989) 627-7718
Licensee/Licensee Designee:	Sherri Semans
Administrator:	Sherri Semans
Name of Facility:	DS Heavenly Haven IV
Facility Address:	2145 Heavenly Haven Dr. Owosso, MI 48867
Facility Telephone #:	(989) 627-7718
Original Issuance Date:	02/08/2024
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/18/2024

Date of Bureau of Fire Services Inspection if applicable: 7/18/2024 by consultant

Date of Health Authority Inspection if applicable: 1/14/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role:

- 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.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain.
Facility was having a cookout later than inspection.
- 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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



Candace Coburn
Licensing Consultant

7/19/2024

Date