



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 25, 2025

Sherri Semans  
DS Heavenly Haven LLC  
PO Box 606  
Owosso, MI 48867

RE: Application #: AS780419171  
**DS Heavenly Haven III**  
**2149 Heavenly Haven Dr.**  
**Owosso, MI 48867**

Dear Ms. Semans:

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 and temporary special certification 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) 284-9730.

Sincerely,

*Bridget Vermeesch*

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS780419171
<b>Applicant Name:</b>	DS Heavenly Haven LLC
<b>Applicant Address:</b>	2140 Heavenly Haven Dr. Owosso, MI 48867
<b>Applicant Telephone #:</b>	(989) 627-7718
<b>Licensee Designee:</b>	Sherri Semans
<b>Administrator:</b>	Sherri Semans
<b>Name of Facility:</b>	DS Heavenly Haven III
<b>Facility Address:</b>	2149 Heavenly Haven Dr. Owosso, MI 48867
<b>Facility Telephone #:</b>	(989) 472-4479
<b>Application Date:</b>	01/28/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

01/17/2025	Inspection Completed-Env. Health: A refer to AS780405246 - Retest of well and septic, all deficiencies have been corrected.
01/28/2025	Enrollment
01/28/2025	Application Incomplete Letter Sent- requested updated 1326A only
01/28/2025	PSOR on Address Completed
01/28/2025	Contact - Document Sent- form sent
01/29/2025	Contact - Document Received
01/29/2025	File Transferred To Field Office
02/06/2025	Application Incomplete Letter Sent- New licenses to replace AS780405246 due to tax ID change
02/20/2025	SC-ORR Response Requested
02/20/2025	SC-Application Received - Original
02/20/2025	SC-ORR Response Received-Approval
02/24/2025	Application Complete/On-site Needed
02/24/2025	Inspection Completed On-site
02/24/2025	Inspection Completed-BCAL Full Compliance
02/24/2025	SC-Inspection Completed On-Site
02/24/2025	SC-Inspection Full Compliance
02/24/2025	SC-Recommend MI and DD

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The home is located in rural Owosso, close to the city of Corunna on approximately one acre of land. The home is a ranch style home that has been updated with current styles, colors, and décor finishes throughout. The facility has a wraparound driveway that is concrete finished with ample parking for employees and guests. The home has a

covered entrance that leads into a large foyer and then opens into a sitting area and large kitchen. The home has four resident bedrooms, two to the left and two to the right of the kitchen each down small hallways. The small hallway that leads to the bedrooms also has a full-size bathroom equipped with a large walk-in shower. Each hallway hosts one private bedroom and one semi-private bedroom. Beyond the kitchen, through French doors, is a beautiful spacious living-dining room with large windows to allow residents to enjoy watching wildlife. Off the living-dining room is a staff office, laundry room, and door to the basement. The basement is unfinished, and residents will not have access to the basement for it is used for storage purposes only. There are two additional means of egress to the outside of the facility with one located in the living-dining room and the other in the staff office. At all door entrances-egresses, there is a concrete step leading to a concrete porch, making the home not wheelchair accessible. The home utilizes a private well and septic system which was inspected by the Shiawassee County Health department on January 17, 2025 and found to be in substantial compliance with applicable environmental health rules.

The home has a natural gas furnace with forced air heat and water heater with both located in the unfinished basement of the home. There is a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs to the basement to create floor separation. The furnace and water heater were inspected on July 09, 2024, by Daily Heating Air Conditioning and were found to be in good working order. The home is furnished with air conditioning and does have a mobile generator for temporary power outages.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are in each hallway that serves resident bedrooms, living-dining room, kitchen area and in the basement of the home. The facility has fire extinguishers on the main level and in the basement.

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

Bedroom #	Room Dimensions	Total Square Footage	Total # of Resident Beds
Bedroom #1	8.1 X 11.1	89.91 sq. ft	1
Bedroom #2	18.05 X 10.08	181.94 sq. ft	2
Bedroom #3	8.1 X 11.1	89.91 sq. ft	1
Bedroom #4	18.05 X 10.08	181.94 sq. ft	2
Sitting Room	20.07 X 15.04	301.85 sq. ft	
Living Room/Dining Room	29 X 15.05	436.45 sq. ft	

The indoor living and dining areas measure a total of 738.30 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 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 facility will provide 24-hour supervision, protection, and personal care for up to six male residents ages 18 years and older, who are developmentally disabled and/or mentally ill. The facility has all the comforts of home in a family environment. The program will provide each resident with nutritional meals, basic self-care, and recreational and social activities, while helping them improve in developmental needs and teaching them to live as independently as capable in the least restrictive environment. The applicant intends to accept referrals from the Community Mental Health Authorities.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities and will utilize Owosso Memorial Hospital for emergencies. The residents will be provided opportunities to go to the local library, community festivals, go the movies, attend church, go to parks, and out to restaurants. The licensee will provide and/or arrange transportation for program and medical needs. These resources provide an environment to enhance resident quality of life.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

## **C. Rule/Statutory Violations**

DS Heavenly Haven LLC, which is a "Domestic Limited Liability Company", was established in Michigan, on 05/03/2012. 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 members of DS Heavenly Haven, L.L.C. have submitted documentation appointing Sherri Semans as Licensee Designee and Administrator of the facility. A criminal history background check was completed for Ms. Semans. She has been determined to be of good moral character. Ms. Semans submitted a statement from a physician documenting her good health and current TB-tine negative results. Sherri Semans has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Sherri Semans has an associate of applied science degree/medical assistant program. She has over 30 years of experience working in AFC homes, with over 25

years cumulative as a direct care staff and manager of a large group home. Ms. Semans has been the licensee of an AFC small group home for many years which served both developmentally disabled and mentally ill residents. Ms. Semans plans to be present at the facility on a regular basis to maintain a working knowledge of the residents and their needs and to assist with care of the residents, as necessary. Ms. Semans reports that all resident files will be kept on the facility grounds.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population. The applicant acknowledges an understanding of the qualifications, suitability, and training 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 Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s 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 good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and

direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

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 their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **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 and special certification to this AFC adult small group home with a capacity of six residents.

*Bridget Vermeesch*

02/25/2025

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

02/25/2025

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Dawn N. Timm  
Area Manager

Date