



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 #: AS780419172
DS Heavenly Haven
1318 S. Chipman St.
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 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

License #:	AS780419172
Applicant Name:	DS Heavenly Haven LLC
Applicant Address:	2140 Heavenly Haven Dr. Owosso, MI 48867
Applicant Telephone #:	(989) 627-7718
Licensee Designee:	Sherri Semans
Administrator:	Sherri Semans
Name of Facility:	DS Heavenly Haven
Facility Address:	1318 S. Chipman St. Owosso, MI 48867
Facility Telephone #:	(989) 472-1323
Application Date:	01/28/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/28/2025	Enrollment
01/28/2025	Application Incomplete Letter Sent- requested 1326A update 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 AS780319874 due to tax ID change
02/20/2025	SC-Application Received - Original
02/20/2025	SC-ORR Response Requested
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
02/25/2025	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

DS Heavenly Haven is a ranch style home with vinyl siding located in Owosso, MI. There is a two-car detached garage on the property with concrete floors and room for storage. The facility has a paved driveway that provides ample parking space for staff and visitors. The main entrance-egress at the front of the home has three steps leading to small, covered porch. The main level of the home consists of a living room, dining area, kitchen, and mudroom/laundry room and resident bedrooms. After entering the facility into the living room, there are two small hallways to the left and right of the living

room that lead to resident bedrooms. The hallway to the right leads to one resident bedroom which is equipped with an ensuite- full size bathroom with a tub/shower combination. The hallway to the left has a bathroom in the hallway with a tub/shower combination and then two resident bedrooms. There is a sliding glass door located in the dining area that leads to a small wooden landing and the backyard. The landing has four steps leading to a small cement patio area. There is a large wooden deck attached to the side of the facility at the entrance to the mud room/laundry room. The home has a finished basement which is not regularly used for resident activities, but does have 2 approved exits, one being the set of stairs to and from the basement and the second being an approved egress window that exits to the outside of the facility. The home is **NOT** wheelchair accessible because it does not have two approved means of egress that are equipped with ramps from the first floor.

The home has a natural gas furnace with forced air heat and water heater and both are located in the finished 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 has 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 resident bedroom hallway, 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	12'5" X 13'8"	170 sq. ft	2
Bedroom #2	12'5" X 9'7" 1'7" X 8'9"	133 sq. ft	2
Bedroom #3	9'7" X 13'3" 2'5" X 3'2"	139 sq. ft	2
Living Room	20' X 15'3"	306 sq. ft	

The indoor living and dining areas measure a total of 306 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. Applicant and Administrator Qualifications

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 many years for 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) 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 of the 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

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

02/25/2025

Dawn N. Timm
Area Manager

Date