



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 30, 2025

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

RE: License #: AS780419172  
**DS Heavenly Haven**  
**1318 S. Chipman St.**  
**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 and special certification 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) 335-5985.

Sincerely,

*Bridget Vermeesch*

Bridget Vermeesch, 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**

<b>License #:</b>	AS780419172
<b>Licensee Name:</b>	DS Heavenly Haven LLC
<b>Licensee Address:</b>	2140 Heavenly Haven Dr. Owosso, MI 48867
<b>Licensee Telephone #:</b>	(989) 627-7718
<b>Licensee Designee/Administrator:</b>	Sherri Semans
<b>Name of Facility:</b>	DS Heavenly Haven
<b>Facility Address:</b>	1318 S. Chipman St. Owosso, MI 48867
<b>Facility Telephone #:</b>	(989) 472-1323
<b>Original Issuance Date:</b>	02/25/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/29/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: Public Water and Sewer

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 2 Role: Administrator and Manager

- 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.
- 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

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

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license and special certification, capacity 6.

*Bridget Vermeesch*

07/30/2025

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Bridget Vermeesch  
Licensing Consultant

Date