



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 13, 2025

Tamesha Porter
Safe Haven Assisted Living Of Hastings
2900 Kellems Dr.
Hastings, MI 49058

RE: License #: AM080414109
Investigation #: 2025A1024056
Safe Haven Assisted Living Of Hastings, LLC

Dear Ms. Porter:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan was required. On October 15, 2025, you submitted an acceptable written corrective action plan.

It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM080414109
Investigation #:	2025A1024056
Complaint Receipt Date:	09/22/2025
Investigation Initiation Date:	09/22/2025
Report Due Date:	11/21/2025
Licensee Name:	Safe Haven Assisted Living Of Hastings
LicenseeAddress:	2900 Kellems Dr. Hastings, MI 49058
Licensee Telephone #:	(517) 402-1802
Administrator:	Tamesha Porter
Licensee Designee:	Tamesha Porter
Name of Facility:	Safe Haven Assisted Living Of Hastings, LLC
Facility Address:	2900 Kellems Dr. Hastings, MI 49058
Facility Telephone #:	(517) 402-1802
Original Issuance Date:	05/03/2023
License Status:	REGULAR
Effective Date:	11/03/2025
Expiration Date:	11/02/2027
Capacity:	12
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Facility received a disapproved fire safety inspection report from the Bureau of Fire Services (BFS).	Yes

III. METHODOLOGY

09/22/2025	Special Investigation Intake 2025A1024056
09/22/2025	APS Referral not warranted
09/22/2025	Special Investigation Initiated – Telephone with Fire Marshall Inspector Ken Howe
09/22/2025	Contact - Document Received-Bureau of Fire Servies (BFS) Inspection Report-Disapproved sent by Ken Howe
10/03/2025	Contact - Document Received-BFS Inspection Report-Approved sent by Ken Howe
10/15/2025	Inspection Completed On-site-with direct care worker Shea Lovekin
10/15/2025	Contact - Telephone call made with license designee Tamesha Porter
10/15/2025	Exit Conference with licensee designee Tamesha Porter
10/15/2025	Inspection Completed-BCAL Sub. Compliance
10/15/2025	Corrective Action Plan Requested and Due on 11/6/2025
10/15/2025	Corrective Action Plan Received
11/06/2025	Corrective Action Plan Approved

ALLEGATION: Facility received a disapproved fire safety inspection report from the Bureau of Fire Services (BFS).

INVESTIGATION:

On 9/22/2025, I received notice that the facility received a disapproved fire safety inspection report. On 9/22/2025, I reviewed the facility's *Bureau of Fire Services Annual*

Inspection Report dated 9/19/2025 which stated a re-inspection was completed, and correspondence from the licensee has not satisfactorily corrected the deficiencies identified in the recheck inspection therefore the facility's fire safety certification is disapproved. The *Bureau of Fire Services Annual Inspection Report* noted that there were missing records to verify the testing of the sprinkler system and there were two fire drill records provided for 2024 that conflicted with one another in regards to date, time of drill and evacuation times.

On 9/22/2025, I conducted an interview with BFS Fire Marshall Inspector Ken Howe who stated that he completed a re-check inspection at the facility on 9/19/2025, and the licensee could not make the necessary corrections after she was given an extension to correct the fire safety deficiencies he identified at the facility. Ken Howe stated that the licensee had opportunities to make the necessary corrections since March 2025 when the initial inspection was conducted, and she has not been able to give a good reason for the discrepancies in fire drill times listed on two separate reports provided by the licensee which were vastly different from one another.

On 10/03/2025, I reviewed the facility's *Bureau of Fire Services Annual Inspection Report* dated 10/02/2025 which stated that a re-inspection was completed, and the deficiencies noted in the last inspection have been satisfactorily corrected therefore the facility's fire safety certification is approved.

On 10/15/2025, I conducted an onsite investigation at the facility with direct care staff member Shea Lovekin who stated she accidentally gave the BFS inspector the wrong fire drill and sprinkler system records that were recorded from the previous license but were still kept in the facility. Shea Lovekin stated she was recently notified of this error and found the correct documents needed to verify that the sprinkler system had been tested as required and fire drills that were recorded quarterly during three separate times of the day.

While at the facility, I reviewed the facility's fire drill log and found no concerns.

On 10/15/2025, I conducted an interview with licensee designee Tamesha Porter who stated she received a disapproved fire safety inspection due to her fire drill and sprinkler system records. Tamesha Porter stated the inspector reviewed old records that she had at the facility from the previous licensee and was not given the accurate records to verify fire drills and sprinkler system test which has now been corrected.

APPLICABLE RULE	
R 400.609	Compliance with local, state, or federal laws, rules, regulations, or standards.
	<p>(1) An applicant or licensee shall comply with applicable local, state, and federal laws, rules, regulations, and standards relevant to the act and these rules.</p> <p>(2) During review of an application, a licensure inspection, or a complaint investigation, the department may request from the facility documentation of compliance or noncompliance with local, state, or federal authorities.</p> <p>(3) The department may cite this rule only if the local, state, or federal authority that has jurisdiction over the specific law, rule, regulation, or standard has found the applicant or licensee to be noncompliant in writing and the department determines there is a need to protect the health, safety, and welfare of residents receiving care and services in or from the facility.</p>
ANALYSIS:	<p>Based on my investigation which included interviews with direct care staff members Shea Lovekin, licensee designee Tamesha Porter, BFS Fire Marshall Inspector Ken Howe, and review of the <i>Bureau of Fire Services Annual Inspection Report</i> there is evidence that the facility received a disapproved fire safety inspection report. I reviewed the facility's <i>Bureau of Fire Services Annual Inspection Report</i> which stated a re-inspection was completed, and correspondence from the licensee has not satisfactorily corrected the deficiencies identified in the recheck inspection therefore the facility's fire safety certification is disapproved. BFS Fire Marshall Inspector Ken Howe stated that licensee had opportunities to make the necessary corrections since March 2025. Tamesha Porter and Shea Lovekin both stated that the facility received a disapproved fire safety rating because the inspector was given the wrong records to be reviewed at the time of the inspection. Therefore, compliance with BFS administrative rules were not met at the time of multiple BFS re-inspections.</p>
CONCLUSION:	VIOLATION ESTABLISHED

On 10/15/2025, I conducted an exit conference with licensee designee Tamesha Porter. I informed Tamesha Porter of my findings and allowed her an opportunity to ask questions and make comments. On 10/15/2025, I received and approved an acceptable corrective action plan.

IV. RECOMMENDATION

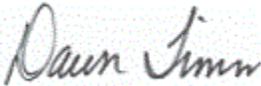
An acceptable corrective action plan was approved therefore I recommend the current license status remain unchanged.



Ondrea Johnson
Licensing Consultant

11/7/2025
Date

Approved By:



11/13/2025

Dawn N. Timm
Area Manager

Date