



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

December 29, 2025

Briana Scott  
Grace Haven  
11185 North Jennings Road  
CLIO, MI 48420

RE: License #:	AS250419225 Grace Haven 11185 North Jennings Road Clio, MI 48420
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Dear Briana Scott:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script, appearing to read "Martin Gonzales".

Martin Gonzales, 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>	AS250419225
<b>Licensee Name:</b>	Grace Haven
<b>Licensee Address:</b>	11185 North Jennings Road CLIO, MI 48420
<b>Licensee Telephone #:</b>	(810) 893-8751
<b>Licensee/Licensee Designee:</b>	Briana Scott
<b>Administrator:</b>	Briana Scott
<b>Name of Facility:</b>	Grace Haven
<b>Facility Address:</b>	11185 North Jennings Road Clio, MI 48420
<b>Facility Telephone #:</b>	(810) 893-8751
<b>Original Issuance Date:</b>	07/08/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/23/2025

Date of Bureau of Fire Services Inspection if applicable: n/a

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  If no, explain.  
No residents have lived at the facility during the temporary license period.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.  
No residents have lived at the facility during the temporary license period.
- Resident funds and associated documents reviewed for at least one resident?  
Yes  No  If no, explain. No residents have lived at the facility during the temporary license period.
- Meal preparation / service observed? Yes  No  If no, explain.  
No residents have lived at the facility during the temporary license period.
- Fire drills reviewed? Yes  No  If no, explain.  
No residents have lived at the facility during the temporary license period.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
No residents have lived at the facility during the temporary license period.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain. No residents have lived at the facility during the temporary license period.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  No  If no, explain.  
No residents have lived at the facility during the temporary license period.
- 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 found to be in non-compliance with the following rules:

<b>MCL 400.717</b>	<b>Provisional license</b>
	<b>(1) A provisional license may be issued to an adult foster care facility that has previously held a temporary or regular license under this act or an act repealed by this act. A provisional license may be issued for 6 months if an adult foster care facility is temporarily unable to conform to the requirements of this act for a regular license and may be renewed not more than 2 consecutive times as provided in subsections (2) and (4). The issuance of a provisional license shall be contingent upon the submission to the department of an acceptable plan of correction for the adult foster care facility within the time limitations of the provisional period.</b>
	<b>(3) If the provisional license is issued for deficiencies in the quality of care provided in the adult foster care facility, the provisional license is not renewable. If the quality of care deficiencies are corrected and intervening deficiencies of any kind are not incurred, a regular license shall be issued.</b>
At time of inspection, there were no residents who resided at the facility during the temporary license period. The quality of care for residents could not be assessed.	

**IV. RECOMMENDATION**

Contingent upon receipt of Renewal Fee and an acceptable corrective action plan, issuance of a provisional license is recommended.

*Martin Gonzales*

12/29/2025

Martin Gonzales  
Licensing Consultant

Date

Approved by:

*Mary E. Holton*

12/29/2025

Mary E. Holton  
Area Manager

Date