



STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

April 15, 2010

Ken Ratzlaff
Beacon Specialized Living Services, Inc.
P.O. Box 69
Bangor, MI 49013

RE: Application #: AM280299145
Silverview AFC
4024 Wyatt Road
Traverse City, MI 49684

Dear Mr. Ratzlaff:

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 with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (231) 922-5309.

Sincerely,

Rhonda Richards, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 922-5475

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AM280299145

Applicant Name: Beacon Specialized Living Services, Inc.

Applicant Address: 555 Railroad Street
Bangor, MI 49013

Applicant Telephone #: (269) 427-8400

Administrator/Licensee Designee: Ken Ratzlaff, Designee

Name of Facility: Silverview AFC

Facility Address: 4024 Wyatt Road
Traverse City, MI 49684

Facility Telephone #: (269) 427-8400

Application Date: 11/12/2008

Capacity: 12

Program Type: AGED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
PHYSICALLY HANDICAPPED
TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

11/12/2008	Enrollment
12/03/2008	Application Incomplete Letter Sent
12/14/2009	Inspection Completed-Env. Health : A
02/17/2010	Inspection Completed On-site
02/24/2010	Application Complete/On-site Needed
04/15/2010	Inspection Completed-Fire Safety: A
04/15/2010	Inspection Completed- BCAL Full compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Silverview adult foster care facility of Traverse City is located within the city limits of Traverse City. It is conveniently located to make use of city services, including medical services, shopping, recreation, and educational programs, as well as public transportation. The facility was previously licensed as a 12-bed adult foster care group home also known as Silverview AFC, with the license number AM280015295.

The facility is a ranch style home with a full basement. There are 11 resident bedrooms all of which are located on the main floor. There are 2 full resident bathrooms which are shared and 2 half bathroom which are private. There is a sitting and dining area in between the east and west wings and a kitchen which is located just off the dining room. The home is wheelchair accessible and has 4 approved means of egress on the main floor. The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

The home has a private water and sewage disposal system. An environmental health inspection was conducted on 12/14/2009. The sanitarian determined the facility to be in substantial compliance with applicable rules.

The natural gas furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery back up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout the facility.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16'x10'	160	1
2	14'x10'1"	141.2	2
3	14'x10'1"	141.2	1
4	10'1"x 8'	80.7	1
5	10'1"x 8'	80.7	1
6	14'x10'1"	141.2	1
7	14'1"x 8'	112.7	1
8	10'1"x 8'10"	89	1
9	10'1"x 8'10"	89	1
10	10'1"x 8'10"	89	1
11	10'x10'1"	100.8	1

The living, dining, and sitting room areas measure a total of 550 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate 12 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 applicant intends to provide 24-hour supervision, protection and personal care to 12 male or female ambulatory or non-ambulatory adults whose diagnosis is aged, traumatic brain injury, developmentally disabled, mentally impaired, or physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from Northern Lakes CMH, Northpointe Behavioral Healthcare Systems, West Michigan CMH, Central Michigan CMH, and Hiawatha CMH as a referral source.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., which is a “For Profit Corporation”, that was established in Michigan, on 05/12/1998. 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 Board of Directors of Beacon Specialized Living Services Inc, have submitted documentation appointing Kenny Ratzlaff as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the Licensee Designee and Administrator. The Licensee Designee and Administrator submitted a medical clearance request with statements from a physician documenting his good health and current TB-tine negative results.

The Licensee Designee and Administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 3 staff to 12 residents during the day time shift and 2 staff to 12 residents during sleeping hours. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

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, 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.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care group home (capacity 7 - 12).



Rhonda Richards
Licensing Consultant

04/15/2010

Date

Approved By:



Christopher J. Hibbler
Area Manager

04/15/2010

Date