



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

June 1, 2015

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

RE: Application #: AL110366290  
Beacon Springs  
6418 Deans Hill Road  
Berrien Center, MI 49102

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 20 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 (616) 356-0100.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Hodge".

Karen Hodge, Licensing Consultant  
Bureau of Children and Adult Licensing  
401 Eighth Street  
P.O. Box 1407  
Benton Harbor, MI 49023  
(269) 363-1742

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL110366290
<b>Applicant Name:</b>	Beacon Specialized Living Services, Inc.
<b>Applicant Address:</b>	555 Railroad Street Bangor, MI 49013
<b>Applicant Telephone #:</b>	(269) 427-8400
<b>Administrator/Licensee Designee:</b>	Nathan Ratzlaff, Designee
<b>Name of Facility:</b>	Beacon Springs
<b>Facility Address:</b>	6418 Deans Hill Road Berrien Center, MI 49102
<b>Facility Telephone #:</b>	(269) 815-5542
<b>Application Date:</b>	09/19/2014
<b>Capacity:</b>	20
<b>Program Type:</b>	Aged, Alzheimer's, Mentally Ill, Developmentally Disabled, Physically Handicapped, Traumatically Brain Injured

## **II. METHODOLOGY**

09/19/2014	Enrollment
09/23/2014	Contact - Document Sent Rules & Act booklets
09/23/2014	Inspection Report Requested - Health
09/23/2014	Inspection Report Requested - Fire
09/23/2014	Contact - Document Sent Fire Safety String
09/23/2014	Lic. Unit file referred for criminal history review Nathan R. - RS
10/16/2014	Application Incomplete Letter Sent
04/28/2015	Application Complete/On-site Needed
04/28/2015	Inspection Completed On-site
04/28/2015	Inspection Completed-BCAL Full Compliance
05/05/2015	Inspection Completed-Env. Health : A
05/13/2015	Inspection Completed-Fire Safety: A
05/26/2015	Inspection Completed-BCAL-Full Compliance
06/01/2015	License Issued

## **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

### **A. Physical Description of Facility**

Beacon Springs is a single-story building with masonry exterior and plaster interior. The home is in a rural area of Berrien Center and is owned by Lakeland Regional Health System, leased to Beacon Specialized Living Services, Inc. The home has been fully remodeled from a former long-term care center. There is a separate program attached at one end but separated by two-hour fire-rated doors and exit and entry is by an electronic coded door. The home has twenty bedrooms for single occupancy and four barrier-free bathrooms for shared use. There is a very large combination day-room/dining area and two additional day rooms/activity rooms for resident use. The home has a large, fully equipped kitchen which provides ample space for the safe preparation of meals and food storage for twenty. The home is wheelchair accessible and has 5 approved means of egress from the first floor at grade onto concrete. The

exit doors are equipped with alarms/security and are delayed, non-locking against egress. The home utilizes well-water from an on-site water tank (non-community) which was approved by the Berrien County Health Department, a public sewage system and weekly, contracted garbage removal. The Berrien County Health Department inspected and fully approved the facility for environmental safety and compliance. The Michigan Bureau of Fire Services inspected architectural plans and the building and gave full approval.

The home is heated by hot water boiler located in a different area of the building, outside the licensed facility and baseboard heat. The water heater is also located outside of the licensed part of the building and equipment is maintained by the owner of the building, Lakeland Regional Health System. Resident bedrooms have individual thermostat controls. There is a large laundry area which is properly enclosed in a one-hour fire rated room with a 1 ¾" solid core door with automatic closure. 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 an approved sprinkler system installed throughout.

There are 17 resident bedrooms which provide 310SF of space and 3 bedrooms which provide 412SF of space, each for individual occupancy. Each resident bedroom exceeds the 65 square feet per person requirement.

The living, dining, and sitting room areas measure a total of 4,682 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 **twenty (20)** 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 twenty (20) male or female ambulatory adults with a diagnosis of aged, Alzheimer's disease, mental illness, developmental disability, physical disability, and/or traumatic brain injury, 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 multiple community mental health agencies as a referral source and intends to enter contractual relationships for placement, in addition to accepting the state rate. The corporation has submitted an application for Special Certification for persons with mental illness and developmental disabilities.

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 licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment and activities.

### **C. Applicant and Administrator Qualifications**

The applicant is Beacon Specialized Living Services, Inc., which is a For Profit Corporation which 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. Beacon Specialized Living Services, Inc. owns and operates twenty-one other licensed facilities in the state of Michigan which provide similar programs and services to the intended population.

The Board of Directors of Beacon Specialized Living Services, Inc. has submitted documentation appointing Jacqueline Rafter as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee/administrator has 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 twenty-bed facility is adequate and includes a minimum of one-staff-to-five 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 with a staff ration of one-staff-to-seven residents.

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](http://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.

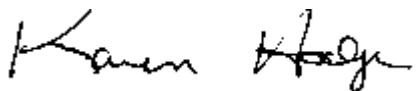
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

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

#### **RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).



06/01/2015

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Karen Hodge  
Licensing Consultant

Date

Approved By:



06/01/2015

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Jerry Hendrick  
Area Manager

Date