



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

November 7, 2016

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

RE: Application #: AM490380698
St. Ignace Shores - Hombach
799 Hombach Street
St. Ignace, MI 49781

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 8 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Mohrman".

Laura Mohrman, Licensing Consultant
Bureau of Community and Health Systems
234 W. Baraga Ave.
Marquette, MI 49855
(906) 290-3428

enclosure

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

I. IDENTIFYING INFORMATION

License #: AM490380698

Applicant Name: Beacon Specialized Living Services, Inc.

Applicant Address: 555 Railroad Street
Bangor, MI 49013

Applicant Telephone #: (269) 427-8400

Licensee Designee: Kenny Ratzlaff, Designee

Administrator Marci Anderson

Name of Facility: St. Ignace Shores - Hombach

Facility Address: 799 Hombach Street
St. Ignace, MI 49781

Facility Telephone #: (906) 984-2300

Application Date: 11/24/2015

Capacity: 8

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

II. METHODOLOGY

| | |
|------------|---|
| 11/24/2015 | Enrollment |
| 01/15/2016 | Application Incomplete Letter Sent |
| 08/10/2016 | Plan Review Received BFS149839-Final-Delayed egress door locking |
| 08/30/2016 | Inspection Completed-Env. Health : A |
| 10/27/2016 | Inspection Completed-Fire Safety : A project 149839; final |
| 10/27/2016 | Application Complete/On-site Needed |
| 11/02/2016 | Inspection Completed On-site |
| 11/02/2016 | Inspection Completed-BCAL Full Compliance |
| 11/04/2016 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The single story facility is owned by Bridgeport Commons LLC. Beacon Specialized Living Services will be operating the home and providing care to residents. The home is located in Upper Michigan (Mackinac County). The home is located in St. Ignace Michigan very close to downtown but in a residential neighborhood. It is close to medical facilities, shopping centers and recreational opportunities.

The facility is wheelchair accessible with 2 approved means of egress which do not require a ramp because they are at ground level. The facility was originally a hospital that was remodeled to provide adult foster care. There are 2 more facilities located in this building which will be separated from this facility by a security door. The facility has a fully equipped kitchen but plans to have the meals prepared in one of the other kitchens located in the other licensed facility in the building. The facility understands that staff need to be trained in safe food handling. They will have to take measures to be sure the food is being transported appropriately.

The home has eight bedrooms approved for single occupancy. There is currently only one bathing facility which limits the capacity to 8. The owner plans to add another bathing facility to allow an increase in capacity. There are half baths in all of the bedrooms and the facility has a large shower room that has 2 areas for bathing. All 8 bedrooms are L shape that allows area for the resident to visit with guests.

Bedroom 1 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 2 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 3 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 4 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 5 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 6 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 7 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy
Bedroom 8 11' 8" x12' 1" + 10' 9" x 11' 10" or 263 sq. feet Single Occupancy

The Livingroom and dining room provide adequate indoor living space for the residents to gather.

The facility has two common areas for the residents to gather. Living room/ common area is 12' 5" x7.1' or 89 sq. the other area is 12' x 8' or 96 sq. feet

Dining room is 14'x12.5' or 175 sq. feet

The furnace is located in a utility room and meets the requirements of fire safety. The bureau of fire services approved this facility on October 27, 2016. The facility has been found in full compliance with fire safety and environmental health.

B. Program Description

The facility provides 24-hour supervision, protection and personal care for up to 8 male and female residents over the age of 18 who are diagnosed as mentally ill, developmentally disabled, physically handicapped, aged, and/or traumatic brain injury. The proposed staffing patterns are 2 staff persons on the day shift and 2 staff persons on the night shift. The facility does 12 hour shifts and additional staff will be added to meet the needs of the residents.

The program will emphasize and encourage involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs.

The Licensee has submitted an application for special certification and will be granted a temporary certification upon the opening of this license. The facility has provided their program statement, admission and discharge policies and their house rules.

C. Applicant and Administrator Qualifications

The Licensee Designee is Kenny Ratzlaff and the Administrator is Marci Anderson. A licensing record clearance was completed for Mr. Ratzlaff and Ms. Anderson with no LEIN convictions. Mr. Ratzlaff and Ms. Anderson submitted medical clearance documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults. The applicant and administrator have provided documentation to

satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant acknowledges an understanding of the requirements to maintain this category license type. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the small group home administrative rules.

The applicant acknowledges an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents, the resident information or both.

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 applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained.

The applicant acknowledges responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicants acknowledge their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file.

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 investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident an accident involving resident, employee, and/or visitor.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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 related to the physical plant at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 8).

Laura Mohrman

11/7/2016

Laura Mohrman
Licensing Consultant

Date

Approved By:

Mary Holton

11/7/2016

Mary E Holton
Area Manager

Date