



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 7, 2017

Melissa Williams
Beacon Specialized Living Services, Inc.
Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

RE: Application #: AS250387910
Beacon Goodrich
9186 Washburn Rd.
Goodrich, MI 48438

Dear Ms. Williams:

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 6 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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AS250387910

Applicant Name: Beacon Specialized Living Services, Inc.

Applicant Address: Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

Applicant Telephone #: (269) 427-8400

Administrator/Licensee Designee: Melissa Williams

Name of Facility: Beacon Goodrich

Facility Address: 9186 Washburn Rd.
Goodrich, MI 48438

Facility Telephone #: (269) 427-8400

Application Date: 04/12/2017

Capacity: 6

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

II. METHODOLOGY

04/12/2017	Enrollment
04/12/2017	Inspection Report Requested - Health 1026853
04/19/2017	Contact - Document Sent Rule & Act Booklet
04/19/2017	File Transferred To Field Office Flint
05/09/2017	Application Incomplete Letter Sent
08/10/2017	Inspection Report Requested - Health
08/28/2017	Inspection Completed-Env. Health : A
08/31/2017	Inspection Completed On-site
08/31/2017	Exit Conference
09/01/2017	SC-Application Received - Original
09/01/2017	SC-ORR Response Requested
09/01/2017	SC-ORR Response Received-Approval
09/01/2017	SC-Recommend MI and DD
09/04/2017	Application Complete/On-site Needed
09/04/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The proposed facility is a single story structure, constructed of brick and vinyl siding. It is located in a semi-rural residential neighborhood with similar style dwellings. The facility is within a few miles of downtown Goodrich. Shopping centers, grocery stores, banks, and other facilities are nearby and accessible. The facility consists of four resident bedrooms, a living room, a family room, a dining room, a kitchen, a medication room, a laundry room, a full bathroom with a tub, a full bathroom with a shower and the attached garage has been transformed into a staff office. The facility is wheelchair accessible.

The furnace and hot water heater are located on the main level next to the laundry room with a 1 ¾ inch solid core door equipped with an automatic self-closing device. On June 1, 2017, a new furnace was installed by licensed professionals and a full inspection of the furnace found it to be in safe condition with no signs of carbon monoxide. The laundry room is located adjacent to the garage inside the home. 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 has a private well and sewer system. An environmental health inspection by the Genesee County Health Department was conducted on 7/18/2017 and 8/07/2017. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health on 08/28/2017.

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

Bedroom #	Total Square Footage	Total Resident Beds
Bedroom 1	160	1
Bedroom 2	163	2
Bedroom 3	160	1
Bedroom 4	164	2

The living, dining and sitting room areas measure a total of 926 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has two separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant, Beacon Specialized Living Services, Inc., submitted a copy of the required documentation. 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 six (6) male or female ambulatory adults, 18 years of age and older, whose diagnosis is developmentally disabled and mentally impaired in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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.

Beacon Specialized Living Services, Inc. will ensure that the resident's transportation and medical needs are met. Beacon Specialized Living Services, Inc. has transportation available for residents to access community-based resources and services. 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

On April 12, 2017, Beacon Specialized Living Services, Inc. submitted an application to provide foster care services to six adults at 9186 Washburn Road, Goodrich, Michigan.

The applicant, Beacon Specialized Living Services, Inc., which is a "Michigan Domestic Limited Liability Company", was established in Michigan, on 05/12/1998. The company is an experienced adult foster care provider, currently operating several licensed adult foster care facilities in the State of Michigan. 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 applicant has a board of directors that oversee the company.

Beacon Specialized Living Services, Inc. submitted a written statement naming Melissa Williams as the licensee designee and administrator. Melissa Williams submitted a licensing record clearance request that was completed with no LEIN convictions recorded. Ms. Williams also submitted a medical clearance request with statements from a physician documenting her good health and current TB-test negative results. Melissa Williams 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 six-bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff 1 to 6 resident ratios.

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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

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

Compliance with the licensing act and administrative rules related to the physical plant has been determined. 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 small group home (capacity 1-6).

Crecendra Brown September 7, 2017

Crecendra Brown Date
Licensing Consultant

Approved By:

Mary Holton September 7, 2017

Mary E Holton Date
Area Manager