



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 13, 2017

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

RE: Application #: AS500387650
Beacon Chesterfield
34205 24 Mile Road
Chesterfield, MI 48047

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS500387650

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 Chesterfield

Facility Address: 34205 24 Mile Road
Chesterfield, MI 48047

Facility Telephone #: (269) 427-8400

Application Date: 03/27/2017

Capacity: 6

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

II. METHODOLOGY

03/27/2017	Enrollment
03/30/2017	Contact - Document Sent Rule & Act booklets
04/04/2017	Contact - Document Received Licensing file received from Central office
04/18/2017	Application Incomplete Letter Sent
05/11/2017	Application Complete/On-site Needed Received documents requested in the application incomplete letter. I scheduled an onsite inspection.
07/06/2017	Inspection Completed On-site I interviewed Melissa Williams, Licensee Designee/Administrator and James Lee, Home Manager. I completed the onsite inspection.
07/06/2017	Contact- Document Received Received via email, the following documents: Employee handbook, Direct Care Staff job description, Home Manager job description, and Vice President of Operations job description.
07/07/2017	Contact- Document Received Received via email a copy of Beacon Specialized Living Services 2016 Financial Report.
07/10/2017	Contact- Document Received Received via email photos of the lock placed on the medication door, the smoke detector placed in the basement, the 1¾" self-closing automatic door for the basement and the signed lease agreement.
09/11/2017	Contact- Document Received Received via email a photo of a first aid kit for the facility's van.
09/12/2017	Contact- Document Received Received photos of the mirrors placed in bedrooms.
09/12/2017	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a three-bedroom ranch located in the township of Chesterfield, MI. The main level of the facility consists of the a kitchen, great room, dining room, bonus room, family room, office, two full bathrooms and laundry room. There is an attached garage and a basement. The facility is wheelchair accessible. This facility utilizes public water and sewage.

The gas furnace and hot water heater are located in the basement of the facility. The heating plan is in the basement and floor separation is between the basement and the main level. The basement is separate from the main level of the home with a 1³/₄" wood door. The 1³/₄" wood door is stoppable wood frame and is equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was installed by a licensed electrician and is operational.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13' x 154"	166.83	2
2	164.4" x 138"	157.55	2
3	169.3" x 133"	156.37	2

Total Capacity: 6

The great room, dining room, bonus room, and family room measure a total of 1540 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 six (6) 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 six (6) male or female wheel chair accessible adults whose diagnosis is developmentally disabled, mentally ill, aged, physically handicapped, and traumatic brain injury, in the least restrictive environment possible. The program will include quality residential care

and protection based on an individual's plan of service, contracted case management services, individual psychiatric medical reviews through a contracted psychiatrist. Additionally, the facility will provide community based socialization, recreational activities, and skill building activities, incentive programs, and creative outings.

If required, behavioral intervention and crisis intervention programs will be developed using person centered planning. The person-centered planning interventions will address unacceptable behavior as specified in the written assessment plan by clinical professionals. Behavioral interventions will ensure that the safety, welfare, and the rights of the resident are adequately protected.

The applicant will provide transportation to all outings and appointments as addressed in the resident care agreement. The applicant will adhere to all safety requirements relating in the transporting of residents.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Incorporated which is a Domestic Profit Corporation and was established 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 members of Beacon Specialized Living Services, Incorporated have submitted documentation appointing Melissa Williams as Licensee Designee and administrator for the facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee/administrator Ms. Williams. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

The licensee designee/administrator Ms. Williams has been employed with Beacon Specialized Services Incorporated since 1999 in multiple positions such as Direct Care Worker, Operations Director, Regional Operations Manager, Site Supervisor, Recipient Rights Advisor and HIPAA and Corporate Compliance position. Ms. Williams current position is a Regional Operations Manager and she oversees the daily operations of the homes and supervise the Site Supervisors, Nurse, Food Service and Activity Director over four counties.

Ms. Williams is a Crisis Prevention Institute (CPI) Instructor, Administrator for Adult Foster Homes. Ms. Williams has completed the following trainings: Healthy Meals and the New Food Pyramid, Advanced Fire Safety Program Creation and management. Ms. Williams successfully completed annual in-service trainings for the following courses: HIPAA, Cultural Diversity/ Awareness, Workplace Violence, LEP Competency, Person Centered Planning, Basic Health/Medications/Infection Control/Blood Borne Pathogens, Environmental Emergencies, Deficit Reduction Act/Corporate Compliance and Sexual Harassment on 06/20/2017.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of staff to 4 residents per shift. Ms. Williams 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. Ms. Williams has indicated that direct care staff will be awake during sleeping hours.

Ms. Williams acknowledged that at no time would 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 ration or expectation to assist in providing supervision, protection, or person l care to the resident population.

Ms. Williams acknowledges an understanding of the qualification, suitability, and training requirement for direct care staff prior to each person working in the facility tin that capacity or being considered as part of the staff to resident ratio.

Ms. Williams acknowledges an understanding of the responsibility to access the good moral character of employees and contractors who have 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 licensee designee/administrator Ms. Williams 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, Ms. Williams 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.

Ms. Williams acknowledges his 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, Ms. Williams 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.

Ms. Williams 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.

Ms. Williams acknowledges the responsibility to obtain the required 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.

Ms. Williams 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.

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

Ms. Williams acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. Williams indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. Williams 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 licensee designee Ms. Williams has indicated her intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. Williams 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.

Ms. Williams acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The licensee designee/administrator Ms. Williams was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

L. Reed

09/13/2017

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

09/13/2017

Denise Y. Nunn
Area Manager

Date