



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR



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March 13, 2018

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

RE: Application #: AS500390453
Beacon Home At New Haven
36790 28 Mile Road
Lenox Township, MI 48048

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 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,

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
enclosure



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

I. IDENTIFYING INFORMATION

License Application #: AS500390453

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 Home At New Haven

Facility Address: 36790 28 Mile Road
Lenox Township, MI 48048

Facility Telephone #: (269) 427-8400
09/15/2017

Application Date:

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL



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II. METHODOLOGY

09/15/2017	Enrollment
09/19/2017	Contact - Document Sent The Licensing Unit sent the Rule & Act booklets to the licensee.
09/19/2017	Application Incomplete Letter Sent Licensing Unit received record clearances for the Kenny Ratzlaff, Licensee Designee.
09/22/2017	Licensing. Unit file referred for background check review Licensing Unit initiated clearances for Kenny Ratzlaff, Licensee Designee.
10/20/2017	Licensing Unit file referred for background check review Licensing Unit initiated clearances for Melissa Williams, Licensee Designee/Administrator.
10/20/2017	Contact - Document Received Licensing Unit received record clearances for Kenny Ratzlaff and Melissa Williams.
10/24/2017	Contact - Document Received Licensing file received from Central office.
11/13/2017	Application Incomplete Letter Sent I conducted onsite inspection with staff Rebecca Eagle, due to Melissa Williams being ill.
11/17/2017	Contact- Documents Received I received the requested documents from the application incomplete letter sent via email.
11/17/2017	Application Complete/On-site Needed
01/26/2018	Inspection Completed-BCAL Full Compliance



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III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-family four-bedroom residence that sits on 8.94 acres lot with 2,240 square feet. The facility is vinyl and built on a crawl. The facility is one level and consists of a kitchen, dining room, living room, two full bathrooms, laundry room, and an office. There is an attached two-car garage. The facility is wheelchair accessible. This facility utilizes public well and private water.

The electric furnace is located on the main level of the facility and is separate from the hot water heater. The electric furnace is enclosed. The hot water heater is on the main floor is located near the garage and has 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, installed by a licensed electrician and is operational.

Lenox Township is located in Macomb County. Lenox Township is nearby to other townships in Macomb County and St. Clair County. The city of Richmond and New Haven are in close proximity. Lenox Township has a Town and Community Center for recreational activities. There is a local library and the facility is in close proximity to Salt River Park and Belle River Roadside Park. Meijer's is located in Lenox Township and there are several surrounding grocery stores, restaurants in the city of Richmond and New Haven. The nearest school district is Anchor Bay.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'8" x 13"	203.67	2
2	10'8" x 9'3"	98.67	1
3	13'3" x 13'3"	175.56	2
4	11' x 12'	132	1
Total Capacity:			6

A total of 650.67 square feet calculated for the kitchen, dining room, living room, and office. The living space exceeds the minimum of 35 square feet per occupant requirement.



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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

Program statement, admission and discharge policies, refund policy, personnel policies, and standard procedures for the facility reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) male or female adults whose diagnosis is developmentally disabled or mentally ill. The residential services are based on the individuals' plan of service, professional assessments, and cultural values to the least restrictive environment.

Beacon Home New Haven is specialized to maintain and improve a residents physical and intellectual functioning and independence. The program makes available contracted case management services, individual psychiatric medical reviews through a contracted psychiatrist. Additionally, the facility will provide in house personal care, community based socialization, recreational activities, skill building activities, incentive programs, and creative outings.

If required, behavioral and crisis intervention will be developed using person centered planning. The person-centered planning interventions will address unacceptable behavior, shall ensure the safety, welfare, and rights of the residents are adequately protected.

The program will provide transportation to all outings and appointments as addressed in the resident care agreement. The applicant will adhere to all safety requirements relating to 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/administrator the facility. A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee Ms. Williams.



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The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting good health and current TB-tine negative results.

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 minimum of staff to four 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. William 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 personal 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.



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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.



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Ms. Williams acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents, accidents, and the responsibility to conduct an immediate investigation of the cause. 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

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).

L. Reed

03/05/2018

LaShonda Reed
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

03/13/2018

Denise Y. Nunn
Area Manager

Date