



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

April 17, 2018

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

RE: Application #: AM590387878
Beacon Home At The Lodge
1550 E. Colby Road
Stanton, MI 48888

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 12 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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM590387878
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Melissa Williams
Licensee Designee:	Melissa Williams
Name of Facility:	Beacon Home At The Lodge
Facility Address:	1550 E. Colby Road Stanton, MI 48888
Facility Telephone #:	(989) 831-1028 04/11/2017
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/11/2017	On-Line Enrollment
04/13/2017	Inspection Report Requested - Health Inv. #1026855
04/13/2017	Contact - Document Sent Fire Safety String
04/13/2017	Contact - Document Sent Rule & Act booklets
04/13/2017	Application Incomplete Letter Sent
05/09/2017	Contact - Document Received
05/09/2017	Contact - Document Received E-mail from Peggy Harden, Admin Assistant, Douglas no longer with company
05/16/2017	Application Incomplete Letter Sent Field letter
08/08/2017	Contact - Telephone call received From K. Kalinowski. Informed him we needed response to Application Incomplete Letter.
09/05/2017	Inspection Completed-Fire Safety : A
10/12/2017	Contact - Document Received Variance Requested Received. Variance Request for fence around facility.
12/14/2017	Inspection Completed On-site
12/14/2017	Inspection Completed-BCAL Full Compliance

12/15/2017	Contact - Document Received Zoning Approval, per Lyle Breman, Evergreen Township Supervisor, Evergreen Township is not governed by any zoning ordinances.
01/29/2018	SC-Application Received - Original
02/13/2018	Inspection Completed- Env. Health: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at the Lodge is one of three facilities on the same grounds in rural Stanton, Michigan, in Montcalm County. Several other outbuildings are on the property. The home is a single story ranch style wood-framed home, on a concrete slab with stairs to access part of the attic, the other part of the attic can be access by an access ladder. The home has a kitchen, dining room, living room, two full baths, 2 half baths and twelve private bedrooms. The Beacon at the Lodge is a secured facility with alarmed doors and a fence with magnetic, 15 second time-delay release gates that allow for safe egress from the home. Beacon Home at the Lodge is wheelchair accessible with all exits/entrances at grade and all resident bedrooms are on the main floor as well. The facility also has barrier free showers.

The home utilizes a private well and private septic system, which were inspected by the District Health Sanitarian and were found to be adequate to serve a minimum of twelve residents and two staff. The home has a new septic system and the well construction meets all requirements of the inspection. Full approval for both the well and septic were given on 02/13/2018 by Mid-Michigan District Health Department.

The home has three propane-fueled, forced-air furnaces, all three furnaces are located in the attics of the facility and are enclosed in fire rated rooms that have been inspected and approved by the Bureau of Fire Services. The two water heaters located on the main floor are separated from the remainder of the home by a 20-minute fire-rated door equipped with an automatic self-closing device and positive latching hardware.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The home is also fully sprinkled and has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules. The

Bureau of Fire Services inspected the facility on 09/05/2017 and full approval was granted at that time.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds Permitted
1	14.8' x 9.12'	137 sq. ft.	1
2	14.8' x 9.3'	136 sq. ft.	1
3	7.9 x 13.4'	104 sq. ft.	1
4	13.4' x 11.7'	155 sq. ft.	1
5	13.4' x 7.10	105 sq. ft.	1
6	13.4' x 8.5	112 sq. ft.	1
7	13.4' x 8	109 sq. ft.	1
8	13.7' x 7.11'	108 sq. ft.	1
9	13.7' x 8.7'	116 sq. ft.	1
10	13.7' x 7.5'	101 sq. ft.	1
11	14.9' x 9.2'	135 sq. ft.	1
12	14.9' x 9.4	136 sq. ft.	1

The indoor living and dining areas measure a total of 581 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to twelve (12) (male and/or female) residents who are mentally ill and/or developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The Beacon at The Lodge is a secured facility with alarmed doors and a fence with magnetic, 15 second time-delay release gates that allow for safe egress from the home. The secured program serves residents that are an imminent elopement risk. The applicant intends to accept appropriate referrals from Community Mental Health agencies.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including Community Mental Health programming, community events, and local festivals. The facility is four miles from Stanton, Michigan and 17 miles from Greenville, Michigan which will provide the residents access to community churches, libraries, hospitals, shopping and restaurants.

These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., a “For Profit Corporation” established in Michigan on 5/12/1998. 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 Board of Directors of Beacon Specialized Living Services, Inc. has submitted documentation appointing Melissa Williams as licensee designee and administrator for this facility.

A criminal history background checks of the Ms. Williams was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Williams also submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Williams has served as licensee designee and administrator for several other facilities and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The staffing pattern for the original license of this twelve-bed facility is adequate and includes a minimum of two staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged 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. The applicant acknowledge(s) the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledged 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.

The applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

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

The applicant acknowledged 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 six-month temporary license to this adult foster care home with a capacity of twelve residents.

Bridget Vermeesch

04/17/18

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

04/17/2018

Dawn N. Timm
Area Manager

Date