



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 8, 2018

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

RE: Application #: AS440392507  
Beacon Home at Lapeer  
2368 Greenwood Rd.  
Lapeer, MI 48446

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 Application #:** AS440392507

**Applicant Name:** Beacon Specialized Living Services, Inc.

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

**Applicant Telephone #:** (269) 214-0452

**Administrator/Licensee Designee:** Melissa Williams

**Name of Facility:** Beacon Home at Lapeer

**Facility Address:** 2368 Greenwood Rd.  
Lapeer, MI 48446

**Facility Telephone #:** (269) 427-8400

**Application Date:** 02/07/2018

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

02/07/2018	Enrollment
02/07/2018	Lic. Unit file referred for background check review Red Screen - AM800299049, AM490380697, AS800095868
02/07/2018	Inspection Report Requested - Health 1027966
02/07/2018	Contact - Document Sent Rule & ACT Books
02/07/2018	File Transferred to Field Office Flint
02/22/2018	Application Incomplete Letter Sent
03/12/2018	SC-Application Received - Original
03/12/2018	SC-ORR Response Requested
03/14/2018	Inspection Completed-Env. Health: A
03/29/2018	SC-ORR Response Received-Approval
04/17/2018	Application Complete/On-site Needed
04/18/2018	Inspection Completed On-site
04/18/2018	Exit Conference
04/21/2018	SC-Recommend MI and DD
04/21/2018	Inspection Completed – Full Compliance
05/07/2018	Document Received Received verification of furnace inspection and approval
05/08/2018	Recommend License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Beacon Home at Lapeer is a four-bedroom home located at 2368 Greenwood Road, Lapeer in Lapeer County. The home is located on approximately one acre in a quiet rural setting. The physical plant is a one-story vinyl-sided structure with no basement.

It consists of a living room, rear enclosed sun room, dining room, kitchen, office, front sitting area, laundry room, two single occupancy resident bedrooms and two double occupancy resident bedrooms. There is one separate full bathroom, Bedroom #4 has a full bathroom, Bedroom #2 and Bedroom #3 share a full bathroom in between the rooms. Each bedroom has a closet. The facility has adequate storage areas. The driveway has adequate parking for staff. The facility is not wheelchair accessible.

The furnace and hot water heater are located on the main level in the laundry room with a 1 ¾ inch solid core door equipped with an automatic self-closing device. A furnace inspection was completed on May 7, 2018. The furnace was found to be operating in safe and good condition with no signs of carbon monoxide. The laundry room is located adjacent to the living room 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 Lapeer County Health Department was conducted on March 14, 2018. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
Bedroom 1	14'3" x 11'3"	162	2
Bedroom 2	11'9" x 10'9"	130	1
Bedroom 3	11'6" x 10'9"	126	1
Bedroom 4	17'11" x 12'8"	219	2

The living, dining and sitting room areas measure a total of 600 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 aged, traumatic brain injury, 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 February 7, 2018, Beacon Specialized Living Services, Inc. submitted an application to provide foster care services to six adults at 2368 Greenwood Road, Lapeer, 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](http://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.

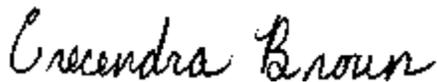
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **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).



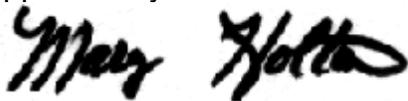
May 8, 2018

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Crecendra Brown  
Licensing Consultant

Date

Approved By:



May 8, 2018

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Mary E Holton  
Area Manager

Date