



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 21, 2018

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

RE: Application #: AS610392405  
**Beacon Home At Blue Lake**  
**6780 Blue Lake Rd.**  
**Twin Lake, MI 49457**

Dear Mr. Kalinowski:

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 243-6063

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS610392405
<b>Applicant Name:</b>	Beacon Specialized Living Services, Inc.
<b>Applicant Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Kevin Kalinowski
<b>Administrator:</b>	David Schmitz
<b>Name of Facility:</b>	Beacon Home At Blue Lake
<b>Facility Address:</b>	6780 Blue Lake Rd. Twin Lake, MI 49457
<b>Facility Telephone #:</b>	(269) 427-8400 02/01/2018
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

02/01/2018	Enrollment
02/01/2018	Inspection Report Requested - Health 1027952
02/01/2018	Lic. Unit file referred for background check review
02/01/2018	Application Incomplete Letter Sent 1326/RI 030 for Kevin Kalinowski and 1326 for David Schmitz
02/06/2018	Contact - Document Received 1326's for Kevin Kalinowski & David Schmitz
02/07/2018	Contact - Document Received RI 030 for Kevin Kalinowski
02/07/2018	Contact - Document Sent Rule & ACT Books
02/07/2018	File Transferred To Field Office Grand Rapids
02/21/2018	Application Incomplete Letter Sent To applicant K. Kalinowski, Beacon.
02/27/2018	SC-Application Received - Original
03/02/2018	Contact - Document Received Some of the requested info. for OLSR.
03/07/2018	Contact - Document Sent Email to K. Kalinowski asking him to email me when the purchase of the house is complete for inspection and the rest of the necessary paperwork.
03/15/2018	Contact - Telephone call made Spoke to Nichole VanNiman regarding pending application status and application incomplete letter followup.
03/15/2018	Contact - Document Received Documentation received from Nichole VanNiman via email.
03/28/2018	Contact - Document Received Email exchange with Nichole VanNiman regarding application incomplete documents.

04/19/2018	Contact - Telephone call made Phone call with Nichole VanNiman to further discuss and provide clarification on documents still needed. Confirmed that she only wants to pursue DD and MI program types. Still awaiting ENV Health Inspection Report.
04/25/2018	Application Complete/On-site Needed
05/02/2018	Inspection Completed On-site
05/08/2018	Inspection Completed-BCAL Full Compliance
05/09/2018	SC-Recommend MI and DD

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

#### **A. Physical Description of Facility**

Beacon Home at Blue Lake is a ranch style home located in a rural area in Twin Lake, Michigan. Located in the file is a copy from the title company of the purchase of the property verifying ownership of the property as well as permission from the owner for the bureau to inspect the property. The facility main floor consists of four bedrooms, two full-size bathrooms, and a family room, all designated for resident use. The main floor has a large kitchen, dining area, and laundry room. The facility is not wheelchair accessible and does not have any approved means of egress that are equipped with a ramp from the first floor. The basement of the facility is not accessible to residents. The facility utilizes private well and private sewer. The facility completed an environmental health inspection on 2/12/2018 and was determined to be in substantial compliance with the administrative rules.

The facility utilizes a gas furnace and water heater that are located in the basement of the facility and are equipped with a 1-3/4 inch solid core door 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 and have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or heat-producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	149 x 133	137	2
2	107 x 107	79	1
3	135 x 105	98	1
4	149 x 170	175	2

The indoor living and dining areas measure a total of 217 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are mentally ill or developmentally disabled. The program will include opportunities for training to develop and improve self-esteem, self-direction, independence, normalization, and intellectual and physical functioning. The facility will provide opportunities for residents to engage in social interaction with family, friends, and within the community. The facility will provide opportunities for residents to attend spiritual and religious activities within the community as well as other community-based socialization opportunities, skill building activities, incentive programs, and creative outings. The applicant intends to accept referrals from Muskegon County DHHS, Muskegon County CMH, Veterans Administration or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local churches, parks, shopping centers, and other local community centers. 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 members of Beacon Specialized Living Services, Inc. have submitted documentation appointing Kevin Kalinowski as licensee designee and David Schmitz as administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and Kevin Kalinowski and David Schmitz were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Kalinowski has been working for Intercare Community Health Network since 1997. Mr. Kalinowski has provided direct care services to residents in addition to managing administrative duties for adult foster care facilities for approximately twenty years. Mr. Kalinowski is currently the Director of Operations for Intercare Community Health Network and has been in this position since 2012. Mr. Kalinowski oversees direct care management practices, employee and organizational initiatives, and the daily operational model of care for direct care practices. Mr. Schmitz is currently employed by Beacon Specialized Services, Inc. as the Regional Operations Director. Mr. Schmitz has been employed by Beacon Specialized Services, Inc. since 2010. Mr. Schmitz was a direct care staff from 2010 to 2017, and gained approximately ten years of experience providing supervision, personal care, safety, and protection services to residents in adult foster care facilities. Mr. Schmitz was promoted to Regional Operations Director in 2017 and currently provides day-to-day management support and guidance to ten licensed adult foster care facilities.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six residents per shift. The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicants have indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will 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 ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicants 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 applicants acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicants acknowledged 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicants 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 applicants have 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 applicants 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 applicants 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 applicants 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 applicants 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 applicants 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 applicants acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicants 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 applicants 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 applicants indicated the intent to respect and safeguard these resident rights.

The applicants 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 applicants 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 applicants 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 temporary license and special certification to this AFC adult small group home (capacity 1-6).



5/9/2018

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:



05/21/2018

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Dawn N. Timm  
Area Manager

Date