



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

November 29, 2018

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

RE: Application #: AS390396198  
**Beacon Home At Augusta**  
**817 Webster St.**  
**Augusta, MI 49012**

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 (517) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant  
Bureau of Community and Health Systems  
322 E. Stockbridge Ave  
Kalamazoo, MI 49001  
(269) 615-5050

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390396198
<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>	Melissa Williams
<b>Administrator:</b>	Melissa Williams
<b>Name of Facility:</b>	Beacon Home At Augusta
<b>Facility Address:</b>	817 Webster St. Augusta, MI 49012
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Application Date:</b>	09/10/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

09/10/2018	Enrollment
09/10/2018	Lic. Unit file referred for background check review Red Screens - AS800095868 & AM490380697
09/12/2018	Contact - Document Sent Rule & ACT Books
09/12/2018	File Transferred To Field Office Lansing
09/18/2018	Application Incomplete Letter Sent Sent with communication to Nichole VanNiman.
09/18/2018	Contact- Documentation Sent Emails exchanged with Ms. VanNiman.
10/16/2018	Contact- Documentation Received from Ms. VanNiman.
10/18/2018	Contact- Documentation Sent Emails exchanged with Ms. VanNiman.
10/26/2018	Inspection Completed-BCAL Full Compliance
11/14/2018	Contact- Documentation Sent Emails exchanged with Ms. VanNiman.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Beacon Home at Augusta is a ranch style home located in a rural neighborhood in Augusta, MI. There are multiple restaurants located within a mile of the home as well as numerous churches, Fort Custer Recreational Park, and McKay's Memorial Library located within one mile of the home. The home is located approximately 11 miles from Bronson Methodist Hospital in Battle Creek, MI. The property is owned by Beacon Home at Kalamazoo, LLC. and proof of ownership in on file.

The front entrance of the home leads to a small entry hallway. To the left of the entry hallway is a private resident bedroom, full resident bathroom, and stairs leading to the basement of the home. Through the hallway is the living room and off of the living room is one private resident bedroom. Through the living room is the kitchen and dining area. To the left of the resident living room is a semi-private resident bedroom and another full resident bathroom. The stairs to the basement lead to a full resident bathroom and private resident bedroom. To the right of the full resident bathroom and bedroom area is a second living area. Through the basement living area is an additional private resident bedroom.

An on-site inspection verified that the home is in compliance with all applicable environmental health administrative rules. The home utilizes the public water and sewer system. The home is not wheelchair accessible.

An on-site inspection verified that the home is in substantial compliance with rules pertaining to fire safety. The facility is equipped with interconnected, hardwire smoke detectors with battery backup which have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all heat-producing equipment.

The home has a gas-fired hot water heater and furnace in an enclosed heating plant equipped with a 1 ¾-inch solid core door with an automatic self-closing device and positive latching hardware which is in the home’s basement. On file is proof of furnace inspection documenting that the furnace is in good working condition.

Resident bedrooms were measured and have the following dimensions:

Room #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10' x 10' 3"	103'	1
2	10' 6" x 12' 1"	127'	1
3	13' 10" x 12' 4"	171'	2
4	10' 8" x 11' 9"	125'	1
5	10' 9" x 11' 6"	124'	1
Living/ Dining Room	14' 11" x 18' 4"	274'	

The living, dining, and sitting room areas measure a total of 274 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**

The applicant intends to provide 24-hour supervision, protection, and personal care to six (6) ambulatory male and female residents, whose diagnosis is mentally illness and/or developmentally disabled. The program will include social interaction skills, personal hygiene, personal adjustment skills, public safety skills and transportation. The applicant intends to accept residents with private pay, as well as, community mental health referrals.

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, or the responsible person.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources including the public schools and library, local museums, and shopping centers. These resources provide an environment to enhance the quality of life and increase the independence of each resident.

## **C. Applicant and Administrator Qualifications**

The applicant is Beacon Specialized Living Services, Inc., which is a "For Profit Corporation", was established in Michigan, on 05/21/1998. 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 applicant also submitted a copy of their intent to contract for services with North Country Community Mental Health.

The Board of Directors of Beacon Specialized Living Services Inc. has submitted documentation appointing Melissa Williams as licensee designee and administrator for this facility.

Criminal history background checks of the licensee designee and administrator, Melissa Williams, were completed. Ms. Williams was determined to be of good moral character to provide licensed adult foster care. Ms. Williams submitted statements from a physician documenting her good health and current negative tuberculosis test result.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Melissa Williams has worked for Beacon Specialized Services since 1999. She has functioned as a Direct Care Worker, Site Supervisor, Recipient Rights Advisor, Corporate Compliance, Regional Operations Director, and Operations Director. Ms. Williams also has a degree in Business Management. Ms. Williams is currently the licensee designee for numerous AFC homes operated by Beacon Specialized Services Inc. She has numerous years of experience working with individuals diagnosed with a chronic mental illness and/or developmental disability.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 2 staff for 6 residents during daytime hours and 1 staff for 6 residents during nighttime hours. The applicant acknowledged that the staff to resident ratio may need to be decreased 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 acknowledges 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 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 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.

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 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 to document the date and amount of the adult foster care service fee paid each month and all 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 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 small group home with a capacity of six residents.

*Cassandra Duursma*

11/26/2018

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Cassandra Duursma  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

11/29/2018

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Dawn N. Timm  
Area Manager

Date