



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 11, 2019

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

RE: Application #: AS380396667
Beacon Home At Cascades
1920 Herkimer Dr.
Jackson, MI 49203

Dear Ms. Macfarlane:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. 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 (313) 456-0380.

Sincerely,

A handwritten signature in black ink that reads "Mahtina Rubritius".

Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
301 E. Louis Glick Hwy
Jackson, MI 49201
(517) 262-8604

Enclosures

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

I. IDENTIFYING INFORMATION

License #:	AS380396667
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:	Aubrey Macfarlane
Name of Facility:	Beacon Home At Cascades
Facility Address:	1920 Herkimer Dr. Jackson, MI 49203
Facility Telephone #:	(734) 888-5134
Application Date:	10/08/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/08/2018	Enrollment
10/08/2018	Licensing Unit file referred for background check review Red Screens - AM490380697 & AS800095868
10/09/2018	Contact - Document Sent Rule & ACT Books
10/09/2018	File Transferred To Field Office Detroit
11/16/2018	Application Incomplete Letter Sent
12/17/2018	SC-Application Received - Original
01/24/2019	Inspection Completed On-site
01/24/2019	Inspection Completed-BCAL Sub. Compliance
04/01/2019	Application Incomplete Letter Sent
04/18/2019	Application Complete/On-site Needed
04/18/2019	Inspection Completed On-site
06/07/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is located in a residential neighborhood, in the City of Jackson, Michigan. This ranch style home is on a cement slab and has an attached two car garage. The home has a pathed driveway. This home is not wheelchair accessible. The front door will be the primary entrance for the residents. This entrance is equipped with a step and walkway to the front door. The second identified exit and means of egress is accessed through a door located just outside the dining room, which leads to the garage. There is a door in the garage, which leads directly to the outside of the home. This exit is located on the West side of the facility. There is an additional exit in the three seasons room, which leads directly outside from the home.

This facility has a kitchen, living room, dining room, an office area, four resident bedrooms, and three full bathrooms.

The mechanical room is located on the same level as the residents. The gas furnace and water heater are in this enclosed room. The door and frame leading to the mechanical room is fire-rated and is equipped with an automatic self-closing device and positive latching hardware. The water heater and furnace have been inspected by a contractor and the approved inspection report is contained within the file.

The electrical panel is located in the two-car attached garage. The electrical system has been inspected, it is in good working condition, and approved by the appropriate officials. A copy of the approved inspection report is contained within the licensing file. This facility is air conditioned through a central air conditioning unit. The facility is equipped with a washer and an electric dryer.

The facility is equipped with a fireplace that has been closed off and will not be utilized.

The facility utilizes a public water supply and sewage disposal system.

The facility is equipped with an interconnected, hardwired smoke detection system, it was inspected, and it is in good operating condition. Smoke detectors are located throughout the facility and are in all required areas.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	10'4" x 10'8"	110	1
2	14'2" x 12'3"	174	2
3	15' x 11'10"	177	2
4	10' x 13'5"	134	1

The indoor living and living areas measure a total of 780 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based upon the information provided above, this facility can accommodate 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 6 male or female residents who are 18 to 99 years of age, and whose primary diagnosis is Mental Illness and/or Developmentally Disabled. If needed, the facility staff will be trained and taught basic sign language to help communicate with individuals who have a hearing impairment.

According to the Program Goals "Beacon Home at Cascades is dedicated to not only being a specialized residential facility but a comprehensive treatment program. Our program goals center on the assessed needs of the residents we serve." The program will provide a setting for the care of adults requiring assistance in the activities of daily living, socialization, nutritious meals, and the supervision of prescribed medications and treatments. Beacon intends to provide the least restrictive environment possible for the residents. The applicant intends to accept individuals with private sources of payment, Social Security, Supplemental Security Income, CMH Specialized Residential funding and Medicaid Personal Care funding. 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.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., and it is a “Domestic Profit Corporation” which was incorporated on May 12, 1998. A review of this corporation on the State of Michigan, Department of Licensing and Regulatory Affairs’ website demonstrates it has an active status and that Kenny Ratzlaff is the Resident Agent. 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 president of the board of directors has stated in writing, the appointment of Aubrey Macfarlane, as the Licensee Designee and the Administrator for the facility.

A criminal background check of Aubrey Macfarlane was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Macfarlane has submitted a statement from her physician documenting her good health and current negative tuberculosis test results.

In 1999, Ms. Macfarlane received her Bachelor of Arts degree, majoring in Sociology, from the University of Michigan. In 2000, she received a Master of Social Work degree, from the University of Michigan. She has a work history of over twenty years. During this time, she has held the following employment and positions: President and CEO, Kennedy-Donovan Center, Vice President of Child and Family Services, Executive Vice President of Consultation and Behavioral Health Services, May Institute, Chief Compliance Officer, at the May Institute, Chief Operating Officer and Vice President of Programs, at the Judson Center, and Director of Program Services and Quality, Judson Center, and Community Service Education and Outreach Coordinator, Ford Family Services.

Over the years, Ms. Macfarlane has served on community boards, been an intern, an advisor, and helped to enrich the lives of others. Ms. Macfarlane has a wealth of skills and experience, including but not limited to the following: Strategic planning and implementation, fiscal management, contract development, legal and regulatory compliance management, national, statewide, and local program development, social justice education, and affordable and public housing advocacy.

Ms. Macfarlane’s programmatic expertise include: A full continuum of services for children and adults with developmental disabilities, crisis intervention, residential services, multidisciplinary health care for the homeless, nursing home care, foster care, and a full continuum of services for children and adults with mental health challenges.

Additional licensure and certifications for Ms. Macfarlane also include: LMSW Clinical and Macro, Certification in Dialectical Behavior Therapy, and she is Bilingual in Spanish and English.

She has experience and training working with the populations that will be served in this home. Ms. Macfarlane has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Macfarlane has provided copies of the successful completion of her education. She has also been trained in First Aid and Cardiopulmonary Resuscitation and provided a certification of completion.

The staffing pattern for the original license of the 6-bed facility is adequate and includes a minimum of 2 staff for 6 residents on the a.m. shifts and 1 staff for 6 residents on the p.m. 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 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. The applicant was provided with information regarding the process of obtaining criminal history record clearances 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 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, 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 valuable 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 residents' 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.

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).

Mahtina Rubritius

6/07/2019

Mahtina Rubritius
Licensing Consultant

Date

Approved By:

A. Hunter

6/11/2019

Ardra Hunter
Area Manager

Date