



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

December 21, 2018

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

RE: Application #: AM590387866
Beacon Home At The Bunkhouse
1550 E. Colby Road
Stanton, MI 48888

Dear Mr. Kalinowski:

Attached is the Original Licensing Study Report and Special Certification 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 11 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 #:	AM590387866
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Licensee Designee:	Kevin Kalinowski
Administrator	David Schmitz
Name of Facility:	Beacon Home At The Bunkhouse
Facility Address:	1550 E. Colby Road Stanton, MI 48888
Facility Telephone #:	(269) 427-8400 04/11/2017
Application Date:	
Capacity:	11
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

04/11/2017	On-Line Enrollment
04/13/2017	Inspection Report Requested - Health Inv. #1026856
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 App; rec cl's for Kenny, Melissa, & Douglas (Admin)
05/05/2017	Lic. Unit file referred for background check review Kenny & Melissa - RS
05/09/2017	Contact - Document Received App; rec cl's for Kenny (LD) & Melissa (LD)
05/09/2017	Contact - Document Received e-mail from Peggy Harden, Admin Assistant
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.
09/25/2018	Inspection Report Requested – Health
10/15/2018	Inspection Completed On-site Remeasured the dining room, kitchen, and living room. Dining room 11.5 x 10.3, Kitchen 7'x7', living room is 18.7' x 13.5', totaling 419.9' sq. ft of living space.
10/18/2018	Special Certification Application Received
10/09/2018	Inspection Completed-Env. Health: A
10/25/2018	Inspection Completed- -Fire Safety: A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at the Bunkhouse 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 with vaulted ceilings, on a concrete slab with part of the attic being accessed by an access ladder. The home has a kitchen, dining room, living room, medication closet, staff office and two full bathrooms. Beacon Home at the Bunkhouse is wheelchair accessible with all exits/entrances at grade and all resident bedrooms are on the main floor as well. The home has ample space for staff and visitor parking as well as ample room for resident to enjoy the outdoors.

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 eleven residents and two staff. The home has a new well and sewage disposal system that was installed, and final approval given in March 2018. Full approval for both the well and septic were given on 10/09/2018 by Mid-Michigan District Health Department.

The home has two propane-fueled, forced-air furnaces. The two furnaces are located in the attic of the facility and are enclosed in fire rated rooms that have been inspected and approved by the Bureau of Fire Services. The facility has one water heater located on the main floor which is 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. This 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 10/25/2018 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
Bedroom #1	10'3" x 9'	92.7	1
Bedroom #2	9'9" x 9"	89.1	1
Bedroom #3	10'3" x 9'	92.7	1
Bedroom #4	9'9" x 9"	89.1	1
Bedroom #5	10'3" x 9'	92.7	1

Bedroom #6	9'9" x 9"	89.1	1
Bedroom #7	9'9" x 9"	89.1	1
Bedroom #8	14'4" x 11"5"	165.6	2
Bedroom #9	14'4" x 11"5"	165.6	2

The indoor living and dining areas measure a total of 419.90 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 eleven 11 male and/or female residents who have been diagnosed with a mentally illness and/or developmental disability. 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 applicant intends to accept appropriate referrals from various 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, both of which will provide the residents with 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 Kevin Kalinowski as licensee designee and David Schmitz as administrator for this facility.

A criminal history background check for Mr. Kalinowski and Mr. Schmitz have been completed and both have been determined to be of good moral character to provide licensed adult foster care. Mr. Kalinowski and Mr. Schmitz also submitted a statement from a physician documenting their good health and current negative tuberculosis test results.

Mr. Kalinowski has served as licensee designee and Mr. Schmitz has served as administrator for several other facilities and have 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 eleven-bed facility is adequate and includes a minimum of two staff for eleven residents per shift. The applicant acknowledged that the staff to resident ratio may need to be changed 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 all shifts.

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 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.

E. Recommendation:

I recommend issuance of a six-month temporary license to this AFC adult medium group home with a capacity of 11 residents.

Bridget Vermeesch 11/15/2018

Bridget Vermeesch Date
Licensing Consultant

Approved By:

Dawn Timm 12/21/2018

Dawn N. Timm Date
Area Manager