



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 12, 2019

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

RE: Application #: AS300398561  
**Beacon Home at Anderson**  
**7960 Anderson Road**  
**Litchfield, MI 49252**

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 (313) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "Vanita Bouldin".

Vanita C. Bouldin, Licensing Consultant  
Bureau of Community and Health Systems  
22 Center Street  
Ypsilanti, MI 48198  
(734) 395-4037

Enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS300398561
<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>	Clifton Philips
<b>Name of Facility:</b>	Beacon Home at Anderson
<b>Facility Address:</b>	7960 Anderson Road Litchfield, MI 49252
<b>Facility Telephone #:</b>	(269) 427-8400 03/01/2019
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/01/2019	Enrollment Online enrollment
03/01/2019	Contact - Document Sent Act booklet
03/01/2019	Lic. Unit file referred for background check review Aubrey (LD & Admin)
03/01/2019	Application Incomplete Letter Sent IRS ltr
03/01/2019	Contact - Document Received IRS ltr
04/01/2019	Application Incomplete Letter Sent
08/19/2019	Contact - Telephone call made Brian Young, Environmental Inspector. Reported unable to complete inspection. Needs new request with correct enrollment number and licensee name. Last inspection completed 2017. Property is empty - needs assistance contacting new licensee in regards as how to proceed.
08/19/2019	Contact - Document Sent Email sent to Beacon Representative Jeanne Bodfish - requesting clarification. If enrollment process is to continue, give date as to when environmental health inspection can be completed so that new request can be initiated.
08/20/2019	Inspection Report Requested - Health Inv. #1029738
09/04/2019	Inspection Completed-Env. Health: A
09/29/2019	Application Complete/On-site Needed
10/03/2019	Inspection Completed-BCAL Sub. Compliance
10/04/2019	Application Incomplete Letter Sent
10/24/2019	Application Complete On-site needed
10/24/2019	On-site Inspection Completed – Full Compliance
10/30/2019	Recommend License Issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

The Beacon Home at Anderson adult foster care home is located in a residential area in Litchfield, MI. The home is a single-story structure with a full basement and attached garage. The first floor of the home consists of a living room, dining room, kitchen, 2.5 bathrooms and 3 bedrooms.

The furnace and hot water heater are located in the basement with a 90-minute fire rated door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12.10 X 14.11	171 Sq. Ft.	2
2	11.14 X 11.7	130 Sq. Ft.	2
3	11.3 X 11.11	130 Sq. Ft.	2

The living, dining, screened back porch on the main level, and two recreation rooms in the basement measure an approximate total of 1,420 square feet of living space. This exceeds the minimum of 35 square feet per resident 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.

The home is equipped with ramps located at 2 approved means of egress from the first floor, therefore it can accommodate residents who regularly require the use of wheelchairs.

#### **B. Program Description**

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 whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for

each resident's social and behavioral developmental needs. Residents will be referred from: (Gateway, Consumer Link, and Synergy Partners).

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.

The licensee will provide all transportation for program and medical needs. 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**

The applicant is Beacon Specialized Living Services, Inc., which is a For Profit Corporation was established in Michigan, on 05/12/1998. 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.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have 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 –to- resident ratio.

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 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 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 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**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### IV. RECOMMENDATION

I recommend issuance of a temporary license to this adult foster care small group home (capacity 1 - 6).



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Vanita C. Bouldin  
Licensing Consultant

Date: 11/12/2019

Approved By:

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Ardra Hunter  
Area Manager

Date