



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

February 5, 2020

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

RE: Application #: AS380398558  
**Beacon Home at Sheffield**  
**4162 Sheffield Drive**  
**Jackson, MI 49203**

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 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**

<b>License #:</b>	AS380398558
<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>	Matthew Owens
<b>Name of Facility:</b>	Beacon Home at Sheffield
<b>Facility Address:</b>	4162 Sheffield Drive Jackson, MI 49203
<b>Facility Telephone #:</b>	(517) 795-2004 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 letter
03/01/2019	Contact - Document Received - IRS letter
04/01/2019	Application Incomplete Letter Sent
04/29/2019	SC-Application Received - Original
06/05/2019	Inspection Completed On-site
06/05/2019	Inspection Completed-BCAL Sub. Compliance
07/10/2019	Corrective Action Plan Received - Copies of inspection reports.
07/10/2019	Corrective Action Plan Approved
07/10/2019	Inspection Completed On-site
07/10/2019	Inspection Completed-BCAL Sub. Compliance
12/30/2019	Application Complete/On-site Needed
12/30/2019	Inspection Completed On-site
02/04/2020	Inspection Completed-BCAL Full Compliance
02/04/2020	Recommended License Issuance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is located in a residential neighborhood, in the Township of Summit. 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 wheelchair accessible. The front door will be the primary entrance for the residents. This entrance is equipped with a walkway to the front door. The second identified exit and means of egress is

accessed through a door located at the end of the hallway, on the opposite side of the home. This exit is equipped with a cement wheelchair ramp. There is also a door leading to the outside from the living room. This door leads to a porch, that is equipped with a swing and barrier free picnic tables.

This facility has a kitchen, living room, a small den, dining room, an office area/medication room, four resident bedrooms, and two full bathrooms.

The mechanical room is located on the same level as the residents. The forced air 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. There is a smoke detector located in the mechanical room.

The facility is equipped with central air conditioning. The heating and cooling systems have been inspected by a contractor, and the approved inspection report is contained within the file.

The facility is equipped with a washer and an electric dryer. The dryer is equipped with a flexible metal duct.

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 including in the kitchen area, living room, hallway, resident bedrooms, and the mechanical room. 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.

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

The trash will be removed from the premises on a weekly basis.

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

Bedroom #	Room Dimensions	Total Sq. Footage	Total Resident Beds
1	15'2" x 11'2"	169	2
2	15'2" x 11'2"	169	1
3	15'2" x 11'2"	169	2
4	15'2" x 11'2"	169	1

The indoor living and living areas measure a total of 793 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 Sheffield 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 Kevin Kalinowski, as the Licensee Designee, and Matthew Owens, as the Administrator, for the facility.

A criminal background check of Kevin Kalinowski was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Kalinowski has submitted a statement from his physician documenting his good health and current negative tuberculosis test results. Mr. Kalinowski has provided documentation of his work history and experience.

A criminal background check of Matthew Owens was completed, and he was determined to be of good moral character to provide licensed adult foster care. Mr. Owens has submitted a statement from his physician documenting his good health and current negative tuberculosis test results.

Mr. Owens has experience working with the populations that will be served in this home. Mr. Owens has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mr. Owens has provided copies of the successful completion of his education and trainings. He 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. shifts. 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](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 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. Rules/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*

02/04/2020

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*A. Hunter*

02/05/2020

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Ardra Hunter  
Area Manager

Date