



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 17, 2020

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

RE: Application #: AS380398559  
**Beacon Home at Martemucci**  
**11219 Wamplers Lake Road**  
**Brooklyn, MI 49230**

Dear Mr. Kalinowski:

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,

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

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS380398559

**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:** Matthew Owens, Designee

**Name of Facility:** Beacon Home at Martemucci

**Facility Address:** 11219 Wamplers Lake Road  
Brooklyn, MI 49230

**Facility Telephone #:** (517) 938-8722

**Application Date:** 03/01/2019

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## **II. METHODOLOGY**

03/01/2019	Enrollment - Online enrollment
03/01/2019	Contact - Document Sent Act booklet
03/01/2019	Licensing 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
10/30/2019	Inspection Completed On-site
10/30/2019	Inspection Completed-BCAL Sub. Compliance
12/30/2019	Inspection Completed On-site
12/30/2019	Inspection Completed-BCAL Sub. Compliance
02/05/2020	Contact - Document Sent - Confirming Letter.
02/18/2020	Corrective Action Plan Received
02/18/2020	Corrective Action Plan Approved
03/16/2020	Application Complete/On-site Needed
03/16/2020	Inspection Completed-BCAL Full Compliance
03/16/2020	Recommend License Issuance

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

The facility is located in a rural area, outside of the City of Jackson, Michigan. This ranch style home has a full basement and a detached garage. The home has a paved driveway. The facility meets criteria for wheelchair accessibility. The primary entrance for residents is located in the front of the facility. This entrance is equipped with a wheelchair ramp. The second identified resident exit is located off the back of the facility, which is also equipped with a wheelchair ramp.

This facility has a kitchen, living room, dining room, four resident bedrooms, and two full bathrooms. The second bathroom is located inside of Bedroom #4, which will only be utilized by the individuals residing in that room.

The gas furnace, water heater, and gas dryer are located in the basement of the home. The basement door and frame are fire-rated; and the door is equipped with an automatic self-closing device and positive latching hardware. This facility is air conditioned through a central air conditioning unit. The heating and cooling systems were inspected by a contractor and the approved inspection report is contained within the file.

The electrical panel is also located in the basement. 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 is equipped with a washer and a gas dryer.

The facility utilizes a private water supply and sewage disposal system. The facility has been inspected by the Jackson County Health Department and given full approval.

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	10'9" x 14'5"	155	1
2	11'7" x 14'4"	166	2
3	9'8" x 17'	164	1
4	13'2" x 14'2"	187	2

The indoor living and living areas measure a total of 762 square feet of living space (excluding bedrooms). 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 Martemucci 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.

The criminal background checks of Kevin Kalinowski and Matthew Owens were completed, and they both were determined to be of good moral character to provide licensed adult foster care. Mr. Kalinowski has submitted a statement from his physician attesting to his good health and current negative tuberculosis test results. Mr. Owens has also submitted a statement from his physician documenting his good health and current negative tuberculosis test results. Both have submitted documentation of their qualifications, including education, training, and work experience, as required.

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 2 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](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. 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*

03/16/2020

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Mahtina Rubritius  
Licensing Consultant

Date

Approved By:

*A. Hunter*

03/17/2020

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Ardra Hunter  
Area Manager

Date