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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 5, 2020

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

RE: Application #: AS390403202
Beacon Home at Kal-Haven
5359 N. 8th Street
Kalamazoo, MI 49009

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390403202
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Licensee Designee:	Kevin Kalinowski
Administrator:	Melissa Williams
Name of Facility:	Beacon Home at Kal-Haven
Facility Address:	5359 N. 8th Street Kalamazoo, MI 49009
Facility Telephone #:	(269) 353-8898
Application Date:	01/23/2020
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

01/22/2020	Inspection Completed-Env. Health : A Used inspection from previously licensed AFC (AS390087990)
01/23/2020	Enrollment Online enrollment
01/24/2020	Contact - Document Received IRS ltr
01/24/2020	Lic. Unit file referred for background check review Kevin (LD) - RS
01/24/2020	Inspection Report Requested - Health Inv. #1030214- See above for EH inspection
01/24/2020	Contact - Document Sent Act booklet
01/24/2020	File Transferred To Field Office
03/09/2020	Application Incomplete Letter Sent
03/18/2020	Contact-Document Received - Proof of Ownership, Program Statement, Proposed Staffing Pattern and Proposed Budget.
03/18/2020	Application Complete/On-site Needed
04/13/2020	Contact-Document Received – Furnace Inspection dated 07/15/2019.
04/15/2020	Contact-Document Received – Fire Alarm Inspection dated 07/15/2019.
04/23/2020	Inspection Completed – Via Facetime due to COVID-19 on-site inspection restriction.
04/23/2020	Inspection Completed – Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility:

This is a single-story, five-bedroom, wood-sided ranch style home located in the northwest area of the city of Kalamazoo. There are numerous restaurants and stores located within five miles of the home. Kal-Haven Trail State Park is located

approximately five miles from the home. Bronson Hospital is located approximately eight miles from the home.

The home is located on a large rural property with a two-lane paved driveway and unpaved drive providing ample parking for visitors and staff members. An auxiliary building separate from the home is located in the back yard and the applicant intends to use this for additional maintenance space. This auxiliary building is not intended for resident use. The kitchen, dining room, family room, sunroom, two bedrooms and two full bathrooms are located on the main floor. A large observation deck is accessible from the dining room and equipped with stairs leading to ground level. The home has a walk-out basement with three bedrooms, one full bathroom and one family room. Access to this basement area is located between the kitchen and front entrance, providing two means of egress to this basement level. This home is not wheelchair accessible. This home utilizes a private water supply and private sewage disposal system. The home was found to be in full compliance with environmental health rules after an inspection with the Kalamazoo County Health and Community Services Department on 01/22/2020.

The gas furnace and hot water heater are located in the basement of the home, enclosed in room constructed of standard building material and accessible by a door equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. This enclosure provides floor separation from resident use. The applicant provided documentation that the furnace was inspected and is in good working condition by a licensed professional on 07/15/2019.

The facility is equipped with an interconnected hardwired smoke detection system which is inspected and is in good working condition by a licensed professional on 07/15/2019. Smoke detectors are located in all sleeping areas, the basement and in all areas with heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'8"X10'7"	91	1
2	11'8"X14'2"	165	2
3	10'X14'6"	145	1
4	13'X10'	130	1
5	11'X13'4"	146	1

The indoor living and dining areas measure a total of 664 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate **six (6)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

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 and/or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill, 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 primarily from Kalamazoo Community Mental Health.

In addition to the above program elements, it is the intent of the applicant to make provisions 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. The licensee will provide all transportation for resident programs and medical needs. 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., which is a "For Profit Corporation", was established in Michigan, on 05/21/1998. 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. have submitted documentation appointing Kevin Kalinowski as Licensee Designee and Melissa Williams as administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Kevin Kalinowski and Melissa Williams. Kevin Kalinowski and Melissa Williams submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Kevin Kalinowski and Melissa Williams have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Kevin Kalinowski is currently the licensee designee for other AFC facilities licensed to Beacon Specialized Living Services, Inc. Melissa Williams is currently the Licensee Designee and Administrator for other AFC facilities licensed to Beacon Specialized Living Services, Inc., and has provided direct care services to both the mentally ill and developmentally disabled populations for several years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. All staff will be awake during resident 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 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/authorization for each resident on an annual or as needed 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 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



04/27/2020

Eli DeLeon
Licensing Consultant

Date

Approved By:



05/05/2020

Dawn N. Timm
Area Manager

Date