



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 27, 2020

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

RE: Application #: AS800404242
Beacon Home at Hartford
68134 CR 372
Hartford, MI 49057

Dear Ms. VanNiman:

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 cursive script that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS800404242
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Administrator	Ramon Beltran
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Hartford
Facility Address:	68134 CR 372 Hartford, MI 49057
Facility Telephone #:	(269) 427-8400
Application Date:	04/06/2020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/06/2020	Enrollment Online enrollment
04/07/2020	Contact - Document Sent Act booklet
04/07/2020	Contact - Document Received IRS ltr
04/07/2020	Inspection Report Requested - Health Inv. #1030473
04/20/2020	Application Incomplete Letter Sent sent via email to Nichole VanNiman
04/20/2020	Contact - Document Received Received via email the following: paper app, ltr to inspect, admission, discharge and refund polices, job descriptions, organization chart, CMH contract, budget, purchase agreement, LD info, administrator info.
05/21/2020	Inspection Report Requested - Health Licensee contacted EH dept. EH dept stated they did not receive initial request. This is a duplicate request as licensee would like EH to come out immediately.
05/27/2020	Inspection Completed On-site
05/27/2020	Contact - Document Received Received furnace inspection and fire evacuation floor plan.
06/18/2020	Contact – Document Received Variance request for locked fence. Additional furnace information
06/24/2020	Inspection Completed-Env. Health: A
07/28/2020	Contact – Document Received Received EH report from Beacon HR due to not receiving it from EH
07/31/2020	Inspection Completed – BCAL Sub Compliance
07/31/2020	Confirming letter sent
08/17/2020	Contact – Document Received Received confirmation of CPR/first aid for both licensee designee and administrator. Also received current medicals and

TB test results for both licensee designee and administrator. Still need approval from board of directors appointment LD and administrator as such.

08/20/2020 Contact – Document Received
Received document appointing LD and Administrator to facility.

08/20/2020 Inspection Completed – BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a 4 bedroom ranch style home situated on an acre of property in rural Hartford, Michigan. The entire facility is enclosed by a six foot wooden privacy fence. The home opens up into the kitchen and has a laundry room and full bathroom located off to the right when you walk into the facility. Two resident bedrooms are located on the right hand side past the facility's kitchen. The medication closet is located past the kitchen on the left hand side and beyond the medication closet is the facility's dining room and living room. The facility's second means of egress is located off the living room. Beyond the living and dining room is the facility's second full bathroom and three additional resident bedrooms. The facility has no basement and there are no non-resident bedrooms in the facility. The facility is also not wheelchair accessible. Due to the facility being in a rural setting, it utilizes a private water and septic system. On 06/24/2020, the Van Buren County Environmental Health Department found the facility to be in substantial compliance with administrative rules indicating the facility's water and septic system were in compliance with all local codes.

The gas furnace and electric hot water heater are located on the same level as the residents and are enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating. This room is equipped with a modular fire damper for proper combustion. This fire damper is installed with 1-hour fire rated caulk. The applicant provided documentation the furnace was inspected by a licensed professional on 05/20/2020 and is in good working condition. This furnace room is not equipped with a door and is only accessible by a wall panel secured to the enclosed room with 1-hour fire rated caulk, thus creating floor separation. The applicant has agreed in writing to replace this specific fire rated caulk whenever the furnace is accessed, and to replace the drywall panel with a metal fire rated panel using the same fire rated caulking. The facility is equipped with an interconnected hardwired smoke detection system, which is fully operational. Smoke detectors are located in all sleeping areas, the basement and in all areas with heat producing equipment. During the inspection on 08/20/2020, I found the facility to be in substantial compliance with applicable fire safety rules for small group facilities.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10'3" x 10'3"	100 sq. ft.	1
2	10' x 10'3	100 sq. ft.	1
3	10' x 10'3	100 sq. ft.	1
4	(8'11" x 8'9") + (3'9" x 4'10")	96 sq. ft.	1
5	12'6" x 14'7"	182 sq. ft.	2

The living, dining, and sitting room areas measure a total of 336 square feet of living space. This exceeds the minimum of 35 square feet per occupant 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.

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 and/or mentally illness, 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. The applicant intends to accept residents from local county Department of Health and Human Services, Community Mental Health agencies and/or private pay individuals as referral sources.

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. The facility is also down the road from Rush Lake where residents could go fishing.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., which is a "For Profit Corporation" and 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.

The Board of Directors of Beacon Specialized Living Services, Inc. have submitted documentation appointing Nichole VanNiman as Licensee Designee for this facility and Ramon Beltran as the Administrator of the facility.

A criminal history check was conducted and determined the applicant and administrator are of good moral character and eligible for employment in a licensed adult foster care facility. Nichole VanNiman submitted a statement from a physician documenting her good health and current negative TB test results. The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. VanNiman has her master's degree in healthcare administration and has worked several years with the applicant in a variety of roles and is the licensee designee for several of the applicant's facilities. Mr. Beltran has worked for the applicant since 2017 as an Administrator for several of the applicant's facilities. Both Ms. VanNiman and Mr. Beltran has significant experience in managing Adult Foster Care facilities and with assisting residents with mental illness and/or developmental disabilities.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff to 6 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges 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 acknowledges 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) and the related documents required to be maintained in each employee's 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 designee, 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 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 their 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 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 six-month temporary license to this adult foster care small group home with a capacity of six residents.

Cathy Cushman

08/20/2020

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

08/27/2020

Dawn N. Timm
Area Manager

Date