



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 18, 2021

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

RE: Application #: AS390406162
Beacon Home at Sprinkle
6457 N. Sprinkle Rd.
Kalamazoo, MI 49004

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 "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390406162

Applicant Name: Beacon Specialized Living Services, Inc.

Applicant Address: Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

Applicant Telephone #: (269) 427-8400

Administrator: Patti Miller
Licensee Designee: Nichole VanNiman

Name of Facility: Beacon Home at Sprinkle

Facility Address: 6457 N. Sprinkle Rd.
Kalamazoo, MI 49004

Facility Telephone #: (269) 488-8118
10/08/2020

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

10/08/2020	Enrollment
10/12/2020	Inspection Completed On-site
10/13/2020	Inspection Completed-Env. Health : A Completed for AS390380356
10/20/2020	File Transferred To Field Office Lansing
11/16/2020	Application Incomplete Letter Sent
01/04/2021	Application Incomplete Letter Sent
1/7/2021	Contact-Document Received- supporting documents for licensee designee Nichole VanNiman and administrator Patti Miller
1/18/2020	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at Sprinkle AFC is a wood-framed ranch-style home with a walkout lower level located in a rural area of Kalamazoo Township. The facility has six bedrooms, all of which will be for resident use. Four resident bedrooms are located on the main floor, which also includes the living room, kitchen, dining room and two full bathrooms. One bathroom is located within the master bedroom and will only be used by the resident in that resident bedroom. The second full bathroom will be used by the occupants of the other three bedrooms on the main floor. The walkout level has two resident bedrooms, a living room, staff office, a full bathroom, and a storage area. The walkout level has two means of egress at ground level, in addition to the inside stairway leading to the upper level. It is not equipped with wheelchair ramps.

The facility has private water and septic systems. The local environmental health Department inspected the facility on 10/13/2020 and determined the facility to be in substantial compliance with applicable environmental health administrative rules.

The propane furnace and water heater are located in the basement of the home. The furnace and water heater are enclosed in an approved heating plant room. The heating plant room is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The electric system was inspected and approved on 7/18/2019 by a licensed professional.

The facility is equipped with interconnected, hardwired smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The smoke detection system was inspected on 6/22/2020 by a licensed professional and certified that the fire system 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	19'7" x 12'1"	252'	1
2	13'3" x 11.83"	156'	1
3	11'7" x 10'5"	120'	1
4	11'6" x 10'5"	119'	1
5	13' x 11.42"	148'	1
6	11'1" x 13'4"	147'	1

The living, dining, and sitting room areas measure a total of 748 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 **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 impaired. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in their *Assessment Plans for AFC Residents* and individual plans of service. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The facility will make provisions for a variety of leisure and recreational equipment and provide transportation for all residents' programming and medical needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' Assessment Plan for AFC Residents and individual plans of

service. These programs shall be implemented only by trained staff, and only with the prior approval of the residents, their guardians, and their responsible agencies.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., a domestic profit corporation established in Michigan in 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 appointed licensee designee Nichole VanNiman and administrator Patricia Miller. Ms. VanNiman and Ms. Miller submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine negative results.

Ms. VanNiman and Ms. Miller provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. VanNiman holds a Master of Administration in Healthcare Management from Western Governors University. Both Ms. VanNiman and Ms. Miller are currently the licensee designees and/or administrators for several adult foster care homes owned and operated by Beacon Specialized Living Services, Inc.

The staffing pattern for the original license of this 6 (six) bed facility is adequate and includes a minimum of one (1) staff -to- six (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 that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff –to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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 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) 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 acknowledges 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, 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 residents' 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.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

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

IV. RECOMMENDATION

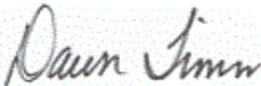
I recommend the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of six (6).



Ondrea Johnson
Licensing Consultant

1/8/2020
Date

Approved By:



02/18/2021

Dawn N. Timm
Area Manager

Date