



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 1, 2021

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

RE: Application #: AS390405404
Beacon Home at Schoolcraft North
10713 S. 12th Street
Portage, MI 49087

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 adult foster care license and special certification for the developmentally disabled and mentally ill populations, with a maximum capacity of 6, are 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 blue ink that reads "Michele Streeter".

Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-9037

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390405404

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: Nichole VanNiman

Administrator: Kimberly Howard

Name of Facility: Beacon Home at Schoolcraft North

Facility Address: 10713 S. 12th Street
Portage, MI 49087

Facility Telephone #: (269) 372-4820
08/13/2020

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

| | |
|------------|--|
| 04/30/2020 | Inspection Completed-Env. Health: A |
| 08/13/2020 | Enrollment |
| 08/21/2020 | Application Incomplete Letter Sent |
| 10/06/2020 | Contact - Document from Applicant Received |
| 10/12/2020 | Contact - Document from Applicant Received |
| 11/09/2020 | Inspection Completed On-site |
| 11/10/2020 | Inspection Completed-BCAL Sub. Compliance |
| 12/04/2020 | Contact - Document from Applicant Received |
| 12/10/2020 | Contact - Document from Applicant Received |
| 01/26/2021 | Contact - Document Sent to Applicant |
| 03/10/2021 | Inspection Completed-Env. Health: A |
| 05/03/2021 | Contact - Document to Applicant Sent |
| 06/15/2021 | Second Application Incomplete Letter Sent |
| 06/18/2021 | Contact - Document from Applicant Received |
| 06/18/2021 | Contact - Document to Applicant Sent |
| 06/21/2021 | Contact - Document from Applicant Received |
| 06/28/2021 | Contact - Document from Applicant Received |
| 06/30/2021 | Contact - Document to Applicant Sent |
| 07/07/2021 | Inspection Completed On-site |
| 07/07/2021 | Inspection Completed-BCAL Sub. Compliance |
| 08/20/2021 | Contact- Documents from Applicant Received |
| 08/23/2021 | Contact- Documents from Applicant Received |
| 08/25/2021 | Full Compliance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at Schoolcraft North is a single story ranch style home located in a rural area of Portage, near Schoolcraft, MI. The main floor has six resident bedrooms, one full bathroom, two additional bathrooms both equipped with a walk-in shower, a shared kitchen and dining room area, a secured medication administration area, a large living room, and a small resident sitting area. Located in the basement is a staff office, extra storage space, and the facility's laundry room. The home has a total of five egresses located on the main floor, two of which are equipped with ramps, and are wheelchair accessible.

The property is owned by Beacon Home at Schoolcraft North LLC, which is also owned by the applicant. On file is proof of ownership and a lease agreement, indicating the use of the property will be for adult foster care. Written permission was granted from the property owner allowing the department to inspect the property for licensing purposes.

An on-site inspection verified the facility was in substantial compliance with rules pertaining to environmental health. The facility utilizes private water and sewer systems that were recently inspected and approved by the local health authority. A copy of this inspection report is on file.

An on-site inspection verified the facility was also in substantial compliance with rules pertaining to Fire Safety. The facility's gas-fired furnace and hot water heater are located in the basement. On file is written verification both the furnace and hot water heater were recently inspected and are in good working condition. Floor separation was created by a 1 ¾ inch solid core door, which was installed at the top of the stairs leading to the basement. A washer and electric dryer are also located in the facility's basement. The dryer is equipped with a permanent vent to the outside of the facility. The facility is also equipped with an approved interconnected, hardwired smoke detection system, with battery back-up. A recent electrical safety inspection, conducted by a licensed professional company, indicated the facility's smoke detection system was in good working condition. A copy of this report is on file.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|-----------|-----------------|----------------------|---------------------|
| 1 | 8'9" X 15'6" | 136 | 1 |
| 2 | 8'6" X 11'1" | 94 | 1 |
| 3 | 13'6" X 10'2" | 137 | 1 |
| 4 | 10'6" X 10'2" | 107 | 1 |
| 5 | 10'4" X 10'2" | 105 | 1 |
| 6 | 10'3" X 10'2" | 104 | 1 |

The living, dining, and sitting room areas measure a total of about 797 square feet of living space. This exceeds the minimum of 35 square feet per occupant.

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 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. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment. 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. Rule/Statutory Violations

The applicant is Beacon Specialized Living Services, Inc., a domestic for-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 Kimberly Howard. Ms. VanNiman and Ms. Howard submitted medical clearance requests with statements from a physician documenting their good health and current TB-tine

negative results. Ms. VanNiman and Ms. Howard 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 and is currently the licensee designee and/or administrator for several adult foster care homes operated by Beacon Specialized Living Services, Inc. Mr. Howard has extensive experience as a previous home manager for several adult foster care facilities and has over 14 years of experience providing direct care and services to individuals with a developmental disability and/or mental illness.

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 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 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 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.

VI. 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).

Michele Streeter

08/25/2021

Michele Streeter
Licensing Consultant

Date

Approved By:

Dawn Timm

09/01/2021

Dawn N. Timm
Area Manager

Date