



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 10, 2021

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

RE: Application #: AS390406169  
**Beacon Home at Al Sabo**  
**7519 S. 10th St.**  
**Kalamazoo, MI 49009**

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
427 East Alcott  
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**

<b>License #:</b>	AS390406169
<b>Applicant Name:</b>	Beacon Specialized Living Services, Inc.
<b>Applicant Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Nicole VanNiman
<b>Administrator</b>	Patti Miller
<b>Name of Facility:</b>	Beacon Home at Al Sabo
<b>Facility Address:</b>	7519 S. 10th St. Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(269) 488-6943 10/08/2020
<b>Application Date:</b>	
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/08/2020	Enrollment
10/20/2020	Application Incomplete Letter Sent \$20 Fee
10/20/2020	Inspection Report Requested - Health 1030991
10/21/2020	Contact - Document Received \$20 ck# 870 (\$150 submitted for 2 apps)
10/29/2020	File Transferred To Field Office Lansing
01/11/2021	Application Incomplete Letter Sent
01/20/2021	Document Received -Floor Plan, Program Statement, Proposed Budget, Job Descriptions, Medical Clearance, TB Results.
02/04/2021	Inspection Completed On-site.
02/05/2021	Contact – Document Sent- Confirming Letter.
02/05/2021	Document Received- Furnace Inspection, dated 01/11/2021.
03/10/2021	Contact – Document Received- Environmental Health Report “A” Rating.
03/10/2021	Inspection Completed – Full Compliance.

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This is a single-story, three-bedroom, vinyl-sided, ranch style adult foster care (AFC) facility located in a residential area within Texas Township. There are numerous restaurants and stores located within two miles of the AFC facility. Borgess Immediate Medical Care is located within three miles from the AFC facility.

The AFC facility is located on a one-acre wooded lot with a large back and front yard and three-lane paved driveway, providing ample parking for visitors and staff. Four resident bedrooms, two full bathrooms, a great room, breakfast nook and kitchen are located on the main floor. One full bathroom is available for resident use and a second full bathroom is private and located between two resident bedrooms with no common entrance. Two additional resident bedrooms, one full bathroom and a recreational room

are located on the basement level, accessible by stairs located adjacent to the first-floor great room. This home is not wheelchair accessible. This home utilizes a private water supply and private sewage disposal system. The facility was found to be in substantial compliance with applicable environmental health rule after an inspection from the Kalamazoo County Health and Community Services Department on 11/18/2020.

The gas furnace and hot water heater are located on the same level as the residents and is enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating. The applicant provided documentation that the furnace was inspected by a licensed professional on 01/11/2021 and is in good working condition. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17.5' x 14.5'	254	1
2	12.5' x 12.5'	156	1
3	13' x 12.5'	163	1
4	16.5' x 11'	182	1
5	10.5' x 13'	137	1
6	10.5' x 13'	137	1

The indoor living and dining areas measure a total of 1019 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 # 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 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 Integrated Service of Kalamazoo.

**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.

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 Nicole VanNiman as licensee designee and Patti Miller as administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Nicole VanNiman and Patti Miller. Nicole VanNiman and Patti Miller submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Nicole VanNiman and Patti Williams have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Nicole VanNiman is currently the licensee designee for other AFC facilities licensed to Beacon Specialized Living Services, Inc. Patti Miller is currently the Licensee Designee and Administrator for other AFC facilities licensed to Beacon Specialized Living Services, Inc. Nicole VanNiman and Patti Williams have 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 direct care 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](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 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.

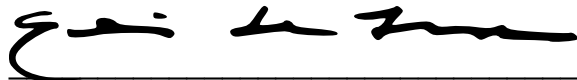
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

**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.

 03/17/2021  
\_\_\_\_\_  
Eli DeLeon Date  
Licensing Consultant

Approved By:

 03/17/2021  
\_\_\_\_\_  
Dawn N. Timm Date  
Area Manager