



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 4, 2021

Ramone Beltran II
Beacon Specialized Living Services, Inc.
Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

RE: Application #: AS130408635
Beacon Home at East Ave
20271 East Ave N
Battle Creek, MI 49017

Dear Mr. Beltran II:

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 that reads "Nile Khabeiry, LMSW".

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure



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

I. IDENTIFYING INFORMATION

License #: AS130408635

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: Ramon Beltran II

Administrator: Navpreet Kaur

Name of Facility: Beacon Home at East Ave

Facility Address: 20271 East Ave N
Battle Creek, MI 49017

Facility Telephone #: (269) 427-8400
05/12/2021

Application Date:

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL



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II. METHODOLOGY

05/12/2021	Enrollment Online App download failure
05/13/2021	Inspection Report Requested - Health Invoice No : 1031613
05/13/2021	Contact - Document Received 1326 for LD, AFC100 for Admin
05/13/2021	Lic. Unit file referred for background check review Red Screen for LD. Referred to C. Pilarski for review
05/17/2021	Application Incomplete Letter Sent
05/18/2021	Contact - Document Received Program documents received
06/08/2021	Application Incomplete Letter Sent
07/13/2021	Inspection Completed-Env. Health : A
08/03/2021	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Beacon Home at East Avenue is a modular home that is built on a slab in a semi-rural area in the city of Battle Creek, MI. The home is owned by Beacon Residential Services. On file is proof of ownership. There are six single occupancy bedrooms, two full bathrooms located on the main floor. One of the bathrooms contains a clothes washer and dryer. The main living area is accessed from the outside and there is a smaller living area situated between a one of the full bathrooms and the first bedroom. The dining room and kitchen are attached to the main living area. The residence is wheelchair accessible and there are three means of egress, two from the main living area and one across from the secondary living area. The home utilizes the public water and sewer system. The residence is attached to a separate three-bedroom residence that has a basement which will be used as a staff office area. The gas furnace and hot water heater are located on the main floor just before the first resident bathroom. The



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furnace room is separated by 5/8" drywall on both sides thereby providing 90 minutes of separation. Both were in good working order as documented by an inspection conducted on June 5, 2021, by TC Mechanical. The report indicates the hot water heater, heating and cooling unit were visually inspected and found to be in good working condition.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'11" x 11'9"	140	1
2	15'2" x 8'	132	1
3	12'8" x 7'6"	95	1
4	13' x 7'7"	98	1
5	12'5" x 7'4"	91	1
6	12'9" x 7'6"	95	1

The living, dining, and sitting room areas measure a total of 479 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 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. Individuals admitted into the facility will have a specific diagnosis and identified language in their individual plans of services pertaining to the need to reside in a secure, locked facility. 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.



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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 and administrator Ramon Beltran II and administrator Navpreet Kaur. Mr. Beltran II and Ms. Kaur submitted a medical clearance request with statements from a physician documenting her good health and current TB-tine negative results.

Mr. Beltran II and Ms. Kaur provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Beltran holds a high school diploma from Jackson High School and is currently the licensee designee and/or administrator for several adult foster care homes owned and operated by Beacon Specialized Living Services, Inc. Ms. Kaur holds a bachelor's degree in psychology from Western Michigan University and a master's degree in health care administration from Ferris State University. Ms. Kaur is currently the administrator for several adult foster homes owned and operated by Beacon Specialized 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.



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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.



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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 resident 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



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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).

Nile Khabeiry, LMSW

09/29/2021

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Dawn Timm

10/04/2021

Dawn N. Timm
Area Manager

Date