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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 7, 2022

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

RE: Application #: AS250412389
Beacon Home at Clio
1491 Bondy Dr.
Clio, MI 48420

Dear Ms. Rawlings:

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5659

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS250412389
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Administrator/Licensee Designee:	Kimberly Rawlings, Designee
Name of Facility:	Beacon Home at Clio
Facility Address:	1491 Bondy Dr. Clio, MI 48420
Facility Telephone #:	(269) 427-8400
Application Date:	04/15/2022
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/15/2022	Enrollment
04/21/2022	Inspection Report Requested - Health1032575
05/19/2022	Inspection Completed-Env. Health: A
06/08/2022	Contact - Document Received AFC-100 & 1326
06/17/2022	Application Incomplete Letter Sent
06/22/2022	Contact - Document Received Received required documents from applicant.
08/04/2022	Contact - Document Received Received more documents from applicant.
08/04/2022	Application Complete/On-site Needed
08/30/2022	Inspection Completed On-site
08/30/2022	Inspection Completed – BCAL Full Compliance
09/06/2022	Recommend License Issuance
09/06/2022	Recommend Special Certification – MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at Clio is a one-story home, with vinyl siding, that is located in a rural area of Clio, MI. The facility has a large driveway with adequate parking space for staff and visitors. Also located on the property is a large, detached garage. The home is owned by the applicant, Beacon Specialized Living Services, Inc.

The home consists of a living room, kitchen, dining area, two full baths, laundry room, office, medication room, furnace room, and five resident bedrooms. The home has a total of two (2) entrance/exits. There is a large wooden deck located off the patio door in the living room and a large back yard. There is also a small wooden deck attached to the front entrance of the home. This home is not wheelchair accessible.

The furnace and hot water heater are located in a small furnace room and are separated from residents by a fully stopped, fire rated wood door that is equipped with an automatic self-closing device and positive-latching hardware. The furnace was last inspected by a certified HVAC technician on 6/14/2022. There is at least one fire

extinguisher located inside this one floor home. The smoke detectors are all hard-wired into the home's electrical system and are located in all sleeping and living areas.

The resident bedrooms and all living areas measured as follows:

Living Room	345 square feet	
Bedroom # 1	139 square feet	1 resident
Bedroom # 2	88 square feet	1 resident
Bedroom # 3	203 square feet	2 residents
Bedroom # 4	110 square feet	1 resident
Bedroom # 5	108 square feet	1 resident

The living room area measures a total of 345 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The home has a private water supply and private sewage disposal system. The Genesee County Health Department completed an inspection at this home on 5/19/2022 and gave it an "A" approval rating.

B. Program Description

Beacon Home of Clio has the capacity to provide 24-hour supervision, protection, and personal care for up to six male residents aged eighteen and over, who may be aged and/or are diagnosed with mental illness and/or developmental disabilities. Beacon Home of Swartz Creek is designed to provide quality residential care and protection based on an individual's plan of service, professional assessments, and cultural values. The care and services provided to a resident shall be designed to maintain and improve a resident's physical and intellectual functioning and independence, which includes cooperation, self-esteem, self-direction, independence, and normalization. The program will encourage and assist in facilitating contact with family and friends in accordance with the individual's treatment plan. Opportunities for spiritual/religious education will be provided, when requested and in accordance with the resident's treatment plan. Additionally, in-house personal care and community-based socialization, recreational activities, skill building activities, incentive program, and creative outings will be provided. This home is not wheelchair accessible.

C. Applicant and Administrator Qualifications

Beacon Specialized Living Services, Inc. is the applicant and Kimberly Rawlings has been assigned as the licensee designee and administrator of the facility. A criminal history background check was completed for Ms. Rawlings and she has been determined to be of good moral character. She submitted statements from a physician documenting his good health and current TB-tine negative results.

The applicant has sufficient resources to provide for the adequate care of the residents as evidenced by projected income for AFC residents along with other financial resources.

The supervision of residents in this small group home licensed for (6) residents will be the responsibility of the applicant 24 hours a day / 7 days a week. The applicant has indicated that for the original license of this 6-bed small group home, there is adequate supervision with 1-2 direct care staff on-site for six (6) residents. The applicant acknowledges that the number of direct care staff on-site to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents.

The applicant acknowledges an understanding of the training and qualification requirements for the responsible person or volunteers providing care to residents in the home.

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, 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](http://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 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 establish good moral character and suitability, obtain and maintain documentation of good physical and mental health status, maintain documentation of all required trainings, and obtain all required documentation and signatures that are to be completed prior to direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, or volunteer staff, and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator and direct care staff or volunteers and the retention schedule for all of the documents contained within the employee's file. 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-day discharge written notice to a resident, as well as, when a resident can be discharged before the issuance of a 30-day discharge written notice.

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 an accident involving resident, employee, and/or visitor.

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.

Kimberly Rawlings has several years' experience as a licensee designee of multiple AFC homes, which adequately satisfies the qualifications and training requirements identified in the administrative group home rules. Ms. Hatfield-Smith reports that all resident files will be kept on the facility grounds.

D. Rule/Statutory Violations

Compliance with the physical plant rules has been determined. All items cited for correction have been verified by visual inspection. Compliance with Quality-of-Care rules will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).



9/7/2022

Christopher Holvey
Licensing Consultant

Date

Approved By:



9/7/2022

Mary E. Holton
Area Manager

Date