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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 31, 2022

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

RE: Application #: AS390413020
Beacon Home At Miller
10752 Miller Dr.
Galesburg, MI 49053

Dear Mr. Beltran:

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 #: AS390413020

Licensee Name: Beacon Specialized Living Services, Inc.

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

Licensee Telephone #: (269) 427-8400

Administrator: Aubry Napier

Licensee Designee: Ramon Beltran

Name of Facility: Beacon Home At Miller

Facility Address: 10752 Miller Dr.
Galesburg, MI 49053

Facility Telephone #: (269) 427-8400

Application Date: 06/17/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

06/17/2022	On-Line Enrollment
06/17/2022	On-Line Application Incomplete Letter Sent
06/22/2022	Contact-Documents Received
06/28/2022	Contact - Document Sent EMAILED Inc App, AFC 100, RI-030 & 1326
07/28/2022	Inspection Report Requested – Health Private Well and Sewage
07/29/2022	Comment-PSOR
07/29/2022	File Transferred To Filed Office
08/23/2022	Application Incomplete Letter Sent
08/24/2022	Comment-1326 referred for print review
08/25/2022	Contact-Document Received-Facility/Licensing Designee/Administrator documents
09/08/2022	Comment- EHI B Rating-sent to licensee consultant
09/13/2022	Contact-Document Received- Inspection Reports
10/24/2022	SC-Application Received-Original
10/26/2022	Contact-Document Received- Water/Well Sewage System Construction Variance
10/26/2022	Contact-Document Received-Email correspondence between Beacon Specialized Service, Inc and Kalamazoo County Health Department- EHI full compliance given due to variance
10/26/2022	Contact-Document Received-Email correspondence with supervisor Dawn Timm
10/26/2022	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at Miller is a nicely updated manufactured home conveniently located near I-94 that sits on almost 2 acres of land in a rural area of Galesburg. The home is in close proximity to parks, a library, museums and two popular antique stores. The home

has three resident bedrooms, a living room, a dining room, kitchen, and two full resident bathrooms located on the main level of the home. There is an unfinished basement that will be used for storage and will not be occupied by the residents. The home does not have two approved means of egress that are equipped with ramps from the first floor so therefore is not wheelchair accessible. The home uses private water supply and septic systems. The local environmental health department inspected the home on 9/8/2022 and determined the facility to be in substantial compliance with applicable environmental health and administrative rules.

The gas furnace is located on the main level of the home and the electric water heater is located in the basement of the home. The furnace is 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 furnace was inspected and approved on 7/12/2022 by a licensed professional.

The home is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The smoke detection system and electrical system was inspected and approved on 8/31/2022 by a licensed professional. The facility is equipped with fire extinguishers which are located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'6" x 12'7"	156 sq ft	2
2	11'9" x 12'7"	132 sq ft	2
3	14' x 12'8"	168 sq ft	2

The living, dining, and sitting room areas measure a total of 320 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 mental illness in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The facility will allow residents the opportunity participate in outdoor activities and activities in the community which can include walking and outdoor picnics. A personal

behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Highway I-94 borders the facility's backyard therefore the applicant intends to not accept any residents with a history of elopement issues. The applicant intends to accept residents from various Community Mental Health agencies throughout the state of Michigan.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision 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.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., which is a domestic profit corporation established in Michigan in 1996. 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 members of Beacon Specialized Living Services, Inc., have submitted documentation appointing Ramon Beltran as Licensee Designee and Aubry Napier as the Administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Mr. Beltran and Ms. Napier. Mr. Beltran and Ms. Napier submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Mr. Beltran and Ms. Napier have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Mr. Beltran and Ms. Napier are currently the licensee designee and administrator for several adult foster care homes owned and operated by Beacon Specialized Living Services, Inc therefore have an abundance of experience working with mentally ill and developmentally disabled populations.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff to 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 acknowledged 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 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 to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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 issuance of a temporary license for a small group home facility with a capacity of six (6) residents.



Ondrea Johnson
Licensing Consultant

10/28/2022
Date

Approved By:



10/31/2022

Dawn N. Timm
Area Manager

Date