



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 29, 2022

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

RE: Application #:	AS250413017 Beacon Home At Lennon 5328 Lennon Rd Swartz Creek, MI 48473
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Dear Ms. Howard:

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,

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250413017
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Administrator/Licensee Designee:</b>	Kimberly Howard
<b>Name of Facility:</b>	Beacon Home At Lennon
<b>Facility Address:</b>	5328 Lennon Rd Swartz Creek, MI 48473
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Application Date:</b>	06/16/2022
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

06/16/2022	On-Line Enrollment
06/28/2022	Contact - Document Sent emailed app inc ltr, AFC-100 & RI-030
06/28/2022	Contact - Document Received rec'd AFC-100, & RI030 asked Candace to add prints 7/15/22
07/21/2022	SC-Application Received - Original
07/22/2022	Contact - Document Sent sent AFC-100 again
07/22/2022	Contact - Document Received Rec'vd 1326A-FP and receipt for payment. Sent a request to have fingerprints added to BITS.
07/26/2022	Inspection Report Requested - Health 1032832
07/29/2022	Comment PSOR
08/11/2022	Contact - Document Received Receipt sent to verify prints per request from Candace.
09/20/2022	File Transferred to Field Office Via SharePoint
09/26/2022	Application Incomplete Letter Sent
10/04/2022	Contact - Document Received Original documents received
10/10/2022	Application Incomplete Letter Sent 2ne application incomplete letter sent via email
10/11/2022	Contact - Document Received
10/14/2022	Application Complete/On-site Needed
10/27/2022	Inspection Completed On-site
10/27/2022	SC-Inspection Completed On-Site

10/27/2022	Inspection Completed-BCAL Full Compliance
10/27/2022	SC-Inspection Full Compliance
11/21/2022	Inspection completed – Environmental Health: A
11/29/2022	LSR generated
11/29/2022	Recommend license issuance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Beacon Home at Lennon Adult Foster Care facility is located at 5328 Lennon Road in the Township of Flint, Swartz Creek, Michigan. Beacon Home at Lennon, LLC was incorporated on June 2, 2022, and is owned by Beacon Specialized Living Services, Inc. a domestic for-profit corporation which was incorporated on May 12, 1998. Beacon Specialized Living Services, Inc. owns the home and property. I obtained a copy of the lease agreement between Beacon Specialized Living Services, Inc. and Beacon Home at Lennon, LLC. The home and property have been leased from July 1, 2022, through December 31, 2026, with the option to extend. It includes language that this residence will be occupied and operated as an Adult Foster Care facility and AFC Licensing has the right to inspect the property. The home has public water and a private sewer. Genesee County Health Department conducted an inspection on 11/21/22 and gave the facility an “A” rating.

This is a ranch-style home located in a well-established neighborhood. It consists of a living room, kitchen, dining room, laundry room, locked medication room, sunroom, five bedrooms, two full bathrooms and one-half bathroom. One of the bedrooms is double occupancy while the other five are private. The kitchen has seating for all residents. The half bathroom is off the kitchen and consists of a toilet and sink. One of the full bathrooms is at the rear of the home and is equipped with a large, soak-tub and a full shower with a 6-inch step. There is a door leading from this bathroom to the laundry room which is where the toilet is located. The other full bathroom is located off the hallway, at the front of the home and it consists of a stand-up shower with a 3-inch lip. Both full bathrooms have safety bars in the shower area and are suitable for resident use.

There are two separate, independent means of egress from this facility. The first exit is located at the front of the facility, through the front door. The second exit is through the sunroom, which leads to the garage and safe passage to the front of the home. Both exits have steps which have handrails on the open sides. The home has a full privacy

fence around the sides and back of the facility. This home is not wheelchair accessible.

The washer and dryer are in the laundry room at the rear of the home. The dryer is equipped with a solid metal vent which is vented directly to the outside. The laundry room has a fire extinguisher and a smoke detector. This home has central air conditioning.

The furnace and hot water heater are in the basement of the facility. Floor separation is achieved by a fire door, located at the top of the stairs. This door is 1 ¾ inch solid wood with positive-latching, non-locking-against-egress hardware, and an automatic self-closing device. The furnace and hot water are in a separate room in the basement, which is fully enclosed. The furnace, hot water heater, and central air conditioning were inspected on 09/20/22 by Scott Hendon from TC Mechanical and were deemed to be in safe operating condition. The facility is equipped with an interconnected hard wired smoke detection system with battery back-up and is fully operational. There are evacuation plans posted throughout 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	11'3" x 10'	113	1
2	11'4" x 13'	147	2
3	13'3" x 9'8"	128	1
4	15'1" x 8'1"	122	1
5	15'1" x 8'2"	123	1

The living room, dining room, and sunroom areas measure a total of 657 square feet of living space. This exceeds the minimum of 35 square feet per resident 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 between the ages of 18-99 whose diagnosis is developmentally disabled and/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. Beacon Specialized Living Services has contracts with several mental health agencies which will be the primary source of resident referrals.

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 ensure that the residents' medical needs are met, and transportation will be provided by facility staff. In addition, emergency services are available via 911. The facility will make a 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. Licensee Designee and Administrator Qualifications**

The applicant is Beacon Specialized Living Services, Inc. which is a Domestic For-Profit Corporation established in Michigan on 05/12/98. The applicant submitted a financial statement and annual budget demonstrating the financial capability to operate this adult foster care facility.

The Board of Directors of Beacon Specialized Living Services, Inc. has submitted documentation appointing Kimberly Rawlings as Licensee Designee and Administrator of this facility. A licensing record clearance request was completed with no lein convictions recorded for Ms. Rawlings. Ms. Rawlings submitted a medical clearance request from a physician documenting her good health and current TB-tine negative results.

The licensee designee/administrator has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

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. Staff are required to remain awake during the nighttime shift.

The applicant acknowledges an understanding of the training and qualification 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 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 Identigo website ([www.identigo.com](http://www.identigo.com)) by MorphoTrust USA and the related

documents required to be maintained in each employees 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 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 volunteer and the retention schedule for all the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all the required 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. In addition, 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 the documents contained within each resident's file. 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.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult small group home with a capacity of 6.

*Susan Hutchinson*

November 29, 2022

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

November 29, 2022

Mary E. Holton Area Manager	Date
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