REVISED 6-28-04
APPENDIX 100
ATTACHMENT A
ADULT FOSTER CARE

**Facility Name**_____
**License Number:**_____
**Effective Date of License:**_____

ORIGINAL ISSUANCE

**This packet is not to be purged until 3 YEARS AFTER LICENSE CLOSURE.**

_____ **Application**

_____**Supplemental Application** (if applicable)

_____**Fee Transmittal**

_____**LSR Transmittal Letter**

_____ **Licensing Study Report (LSR)**

_____**Fire Safety Inspection Reports** (7+)

_____**Environmental Health Inspection Reports** (if applicable)

_____**Special Use Permit** (7+ beds)

_____ **Addendum to the Compliance Report** (BFS 1893 if applicable)

_____**Corrective Action Statements or Plans** (if applicable)

_____ **Special Program Certification Application** (if applicable)

_____**Special Program Certification Letter (DD or MI)** (if applicable)

_____**Confirming Letters**

_____**Misc. Correspondence**

_____**Miscellaneous Inspection/Approval Documents**

_____**Addendum to Original LSR (if modifications) and Supporting Documents**

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

September 12, 2016

Kenny Ratzlaff
Beacon Specialized Living Services, Inc.
P.O. Box 69
Bangor, MI 49013

RE: Application #: AM800299049
Cottage II
56832 48th Avenue
Lawrence, MI 49064

Dear Mr. Ratzlaff:

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 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions.

Sincerely,

Kenneth Tindall

Kenneth Tindall, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 615-5190

enclosure

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

## I. IDENTIFYING INFORMATION

| | |
|---|---|
| **License #:** | AM800299049 |
| **Applicant Name:** | Beacon Specialized Living Services, Inc. |
| **Applicant Address:** | 555 Railroad Street<br>Bangor, MI 49013 |
| **Applicant Telephone #:** | (269) 427-8400 |
| **Administrator/Licensee Designee:** | Kenny Ratzlaff, Designee<br>Melissa Williams, Administrator |
| **Name of Facility:** | Cottage II |
| **Facility Address:** | 56832 48th Avenue<br>Lawrence, MI 49064 |
| **Facility Telephone #:** | (269) 427-8400 |
| **Application Date:** | 11/12/2008 |
| **Capacity:** | 12 |
| **Program Type:** | MENTALLY ILL<br>DEVELOPMENTALLY DISABLED<br>PHYSICALLY HANDICAPPED |

## II. METHODOLOGY

| | |
|---|---|
| 11/12/2008 | Enrollment |
| 11/14/2008 | Inspection Report Requested - Health<br>Inv. #1015059 |
| 11/14/2008 | Inspection Report Requested - Fire |
| 11/14/2008 | Application Incomplete Letter Sent<br>Environmental & fire |
| 11/14/2008 | File Transferred To Field Office<br>Kal. Office |
| 11/21/2008 | Application Incomplete Letter Sent |
| 01/07/2009 | Inspection Completed On-site |
| 03/05/2016 | Application Complete/OFS Needed |
| 04/11/2016 | Inspection Report Requested - Health |
| 04/11/2016 | Contact - Document Received<br>File was lost. Received copies of application and facility documents from applicant. |
| 04/11/2016 | Contact - Telephone call made<br>Left message with OFS inspector Paul Karnemaat |
| 04/13/2016 | Contact - Telephone call received<br>OFS Paul Karnemaat said all plan reviews are done and he will proceed with on site inspection. |
| 04/27/2016 | Inspection Completed On-site |
| 05/12/2016 | Inspection Completed-Env. Health : A |
| 05/17/2016 | Contact - Document Sent<br>email to OFS Paul K. to inquire about progress with fire safety |
| 05/27/2016 | Inspection Completed-Fire Safety : C<br>Temporary approval until 7/28/16 - Relicensing from a 6 bed to a 7-12 bed facility |
| 06/01/2016 | Contact - Telephone call made<br>Administrator Melissa Williams re floor plan |
| 09/08/2016 | Inspection Completed-Fire Safety : A |

09/09/2016 Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This home was previously licensed to the applicant, Beacon Specialized Living Services, Inc., as a small group home (AS800095868). The applicant built a new addition and occupancy/inspection permits have been submitted to licensing. On file are proof of ownership and a copy of a lease made between the owner of the property (Bangor Land Holding, LLC) and Beacon Specialized Living Services, Inc.

This is a two story ranch style home located in rural area of Lawrence, MI. Residents will occupy the 1st floor only that has a kitchen, dining area, living room, 2 ½ bathrooms, and eight resident bedrooms. The home is wheelchair accessible with two ramped means of egress.

The home is in substantial compliance with rules pertaining to environmental health. On file is verification that the Van Buren County Health Department inspected and approved the home's private water and sewer systems.

The home is in compliance with rules pertaining to fire safety. On file is verification that the Bureau of Fire Services, Fire Marshal Division, inspected and approved this home's pull station fire alarm system, sprinkler system and flame producing equipment that includes a propane furnace and water heater in the basement.

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

| Bedroom # | Room Dimensions | Total Square Footage | Total Resident Beds |
|---|---|---|---|
| 1 | 14.5' by 9' | 132 | 2 |
| 2 | 14.4' by 9' | 131 | 1 |
| 3 | 14.4' by 9' | 131 | 1 |
| 4 | 12' by 10.8' | 130 | 1 |
| 5 | 12' by 18.8' | 130 | 1 |
| 6 | 14.3' by 10' | 141 | 2 |
| 7 | 14.2' by 10' | 139 | 2 |
| 8 | 14.3' by 10' | 142 | 2 |

The living, dining, and sitting room areas measure a total of 523 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 **twelve** (**12**) 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 specialized care and 24-hour supervision, protection and personal care to a maximum of **twelve** (12) female adults who are developmentally disabled or mentally ill, in the least restrictive environment possible.

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 applicant's program statement indicates they will provide transportation for program and medical needs.

**C. Applicant and Administrator Qualifications**

The applicant is Beacon Specialized Living Services, Inc., a domestic profit corporation established in Michigan on 5.12.98. The applicant submitted financial information that demonstrates the financial capability to operate this adult foster care facility.

The applicant appointed Kenny Ratzlaff as licensee designee and Melissa Williams as administrator. Mr. Ratzlaff and Ms. Williams both have extensive experience providing adult foster care to mentally ill, developmentally disabled and physically handicapped adults and both satisfy the qualifications and training requirements identified in the administrative group home rules.

On file are medical, TB, and criminal record clearances for Mr. Ratzlaff and Ms. Williams.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of three staff during waking hours and two staff during sleep hours. 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's program statement indicates direct care staff will be awake at all times.

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 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 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, 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, 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 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 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.

### D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

## III. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 7-12).

Kenneth Tindall 9.12.16

Kenneth Tindall Date
Licensing Consultant

Approved By:

Betsy Montgomery 9/12/16

Betsy Montgomery Date
Area Manager

# LEASE

This lease is made this 1st, day of October, 2015, by and between **Bangor Land Holdings, LLC.**, a Michigan limited liability company whose address is 555 Railroad Street Bangor, MI (hereinafter referred to as "Landlord") and **BEACON SPECIALIZED LIVING SERVICES, INC.**, a Michigan Corporation whose address is P.O. Box 69, Bangor, MI 49013 (hereinafter referred to as "Tenant").

## WITNESSETH

1. Leased Premises; Term. Landlord leases to Tenant, and Tenant hires from Landlord, on the terms of subject to the conditions contained herein, the real property located at:
   - 28740 63rd St.; Bangor, MI (Activities Building/Medical),
   - 28720 63rd St.; Bangor, MI (Anchor Point 20bed AFC/Kitchen),
   - 28730 63rd St.; Bangor, MI (Breakwater 20bed AFC/Offices),
   - 28840 63rd St.; Bangor, MI (Wavecrest 16bed AFC),
   - 29320 63rd St.; Bangor, MI (Bayview 6bed AFC),

   together with all improvements, affixed thereto (the "Premises") and certain listed personal property. This lease shall be subject to subleases, encumbrances, conditions, covenants, easements, restrictions and right-of-way, whether or not of record, affecting the Premises and to such matters as might be disclosed by inspection or survey.

2. Term. The term of this lease shall be for a period of five (5) years, commencing on October 1, 2015, and ending on September 30, 2020.

3. Rent. Tenant shall pay to Landlord, as rent scheduled below, each month due on the 1st of the month. For the current year ending September 30, 2016, the sum of:
   - Activities Building Four Thousand Nine Hundred Sixty Dollars ($4,960.00)
   - Anchor Point AFC Ten Thousand Dollars ($10,000.00)
   - Anchor Point Commercial Kitchen Four Thousand Eight Hundred Forty Dollars ($4,840.00)
   - Break Water AFC Ten Thousand Dollars ($10,000.00)
   - Break Water Offices Seven Hundred Dollars ($700.00)
   - Wavecrest AFC Eight Thousand Dollars ($8,000.00)
   - Bayview AFC Three Thousand Dollars ($3,000)
   - For a Total of Forty One Thousand Five Hundred Dollars ($41,500.00)

   - For the Term years ending September 30, 2017, 2018, 2019 & 2020 the rent may increase 5% each year over the previous year's rent rate.

4. Use of Premises. Tenant shall use and occupy the Premises for office space and related activities. Tenant shall not use the Premises, or permit the Premises to be used, for the doing of any act or thing that constitutes a violation of any law, order, ordinance, or regulation of any governmental authority.

5. Maintenance and Repairs. Tenant shall at its expense keep and maintain the Premises, in good and clean operating condition. Tenant's obligations shall include roadway, parking, landscaping, repair and maintenance of interior including heating, air conditioning, electrical, plumbing, security systems and other interior components.

6. Utilities and Services. Tenant shall be responsible for the direct payment of electricity, telephone, gas, propane, trash removal and janitorial services for the Premises, and for all other utilities and services.

7. Property Taxes: Tenant shall be responsible for reporting property values and the payment of all property taxes (real and personal) assessed at this location for leased property from landlord as well any other tenant personal property located at leased premise on tax assessment date.

8. Insurance. Tenant shall procure and keep in effect during the term of this Lease, public liability and property insurance of $1,000,000 per occurrence, and $3,000.000 aggregate. Tenant shall maintain workers' compensation insurance covering all of its employees to at least the statutory limit set forth under Michigan law.

    - The landlord shall be a named insured and secondary loss payee on all property and liability policies at this location
    - The landlord mortgage holder shall be a named insured and primary loss payee on all property and liability policies for this location

9. Renewal Option. At the end of each term year, the term of this lease is hereby extended for the period of one year. The "Expiration Date" of the Lease shall be extended for a period not to exceed the original Lease term period. Such provision shall continue unless either party to this lease prior to the current year lease ending date notifies the other of their intention to terminate this provision. Tenant shall pay to landlord as rent for each month of the Extended Lease term the sum of the immediate previous term year monthly lease payment plus 10.0% rounded to the nearest $5.00.due on the first day of the month.

10. Termination. Any lease previously entered into between the parties herein or their assigns is hereby terminated upon the execution of this lease, and the terms and conditions herein shall supersede any previous written or verbal agreement or past practice of the parties.

IN WITNESS WHEREOF, the parties have signed this Lease on the day and year first above written.

Bangor Land Holdings, LLC. a Michigan limited liability company

By: _____
Member (LANDLORD)

BEACON SPECIALIZED LIVING SERVICES, INC.
a Michigan Corporation

By: _____
Ken Ratzlaff, its President (TENANT)

LR-3254678
Page: 1 of 2
09/26/2012 04:00P
Van Buren Co, MI ROD
D QC
L-1573 Pg-390

2

## QUIT CLAIM DEED

Drafted by and Return to After Recording:
**DiSTEFANO LAW OFFICES**
By: David J. DiStefano (P35010)
226½ East Michigan Avenue
Paw Paw, Michigan 49079
Telephone: (269) 655-1035

**No title opinion rendered***

Grantor: **BEACON SPECIALIZED LIVING SERVICES, INC.**, formerly known as KRF & Co., a Michigan Corporation, whose address is: 555 Railroad Street P.O. Box 69, Bangor, Michigan 49013

Quit Claims to: **COTTAGE SHORES, LLC**, a Michigan Limited Liability Company, whose address is: 555 Railroad Street, P.O. Box 69, Bangor, MI 49013

the following described premises situated in the Township of Arlington, County of Van Buren, State of Michigan:

**Parcel 1:**

Commencing at the South ¼ Post of Section 31, Town 2 South, Range 15 West, thence North along the North and South Quarter Line 1550 feet; thence East parallel with the East and West Quarter Line 400 feet; thence South parallel with the North and South Quarter line to the South Section line; thence West along said South Section Line to beginning.

Tax Parcel No.: 80-03-031-011-10
Commonly known as: 56844 48th Avenue, Lawrence, MI 49064

**Parcel 2:**

Beginning at the Center of Section 31, Town 2 South, Range 15 West, thence East along the East and West Quarter Line 330 feet; thence South parallel with the North and South Quarter Line 550 feet; thence West 330 feet to the North and South Quarter Line; thence North on same 550 feet to beginning.

Tax Parcel No.: 80-03-031-011-30
Commonly known as: 56832 48th Avenue, Lawrence, MI 49064

**Parcel 3:**

The West ¼ of the Southeast 1/4 of Section 31, Town 2 South, Range 15 West; ALSO the East ½ of the Northeast ¼ of the Southwest Fractional ¼ of Section 31, Town 2 South, Range 15 West, EXCEPT commencing at the South ¼ Post of Section; thence North along the North and South Quarter Line 1550 feet; thence East parallel with the East and West Quarter Line 400 feet; thence South parallel with the North and South Quarter Line to the South Section line; thence West along the South Section Line to beginning. ALSO EXCEPT beginning at the Center of Section; thence East along the Quarter Line 330 feet; thence South parallel with the North and South Quarter Line 550 feet; thence West 330 feet to the North and South Quarter Line; thence North on same 550 feet to beginning.

Tax Parcel No.: 80-03-031-011-25
Commonly known as: 56838 48th Avenue, Lawrence, MI 49064

Subject to easements and building and use restrictions, mineral leases, mineral interests and road rights of way of record.

The Grantor grants to the Grantee the right to make (All) divisions under Section 108 of the Land Division Act, Act 288 of the Public Act of 1967.

If the land being conveyed is unplatted, the following is deemed to be included: "This property may be located within the vicinity of farmland or farm operation. Generally accepted agricultural and

Beacon
09-26-12P02:35 RCVD

management practices which may generate noise, dust, odors, and other associated conditions may be used and are protected by the Michigan Right to Farm Act."

for the sum of: One and no/100 ($1.00) Dollar. Exempt from State and County revenue tax per MCL 207.526(6)(a) and MCL 207.505(5)(a).

Dated this 21st day of September, 2012.

**BEACON SPECIALIZED LIVING SERVICES, INC.**

BY: _____
KENNY RATZLAFF
Its: President

BY: _____
NATHAN RATZLAFF
Its: Vice-President

STATE OF MICHIGAN )
) SS
COUNTY OF VAN BUREN )

On this 21st day of September, 2012, before me personally appeared Kenny Ratzlaff and Nathan Ratzlaff, President and Vice-President, respectively, of the above named corporation, and that they, as such officers, are authorized to execute the foregoing instrument for the purposes therein contained.

Peggy S Harden
Notary Public - State of Michigan
County of Van Buren
Commission Expires 4/19/2019
Acting in the County of Van Buren

_____
Peggy S. Harden, Notary Public
County of Van Buren, State of Michigan
Acting in and for Van Buren County, Michigan
My commission expires: 4/19/2019

***THIS INSTRUMENT HAS BEEN PREPARED SOLELY ON INFORMATION PROVIDED TO THE PREPARER WHO MAKES NO WARRANTY AS TO EITHER THE STATE OF THE TITLE, SPLITS CONVEYED, OR THE CORRECTNESS OF THE INFORMATION PROVIDED.**

Send Subsequent tax bills to: Cottage Shores, LLC
555 Railroad Street, P.O. Box 69
Bangor, MI 49013



*BEACON SPECIALIZED LIVING SERVICES, INC.*
CONTRACT AGENCIES
PHONE LIST

Allegan County CMH Services Recipient Rights
(269) 673-8833 or (800) 795-6617
(269) 673-3384
P.O. Drawer 130
Allegan, MI 49010
Linda Myers or Jerry Kovacic or Delora Carter

Barry County CMH Services
(269) 948-8041
915 W. Green St.
Hastings, MI 49058
Tammy O'Mara

Bay-Arenac Behavioral Health Recipient Rights
(989) 895-2317or (989) 895-2220
(989) 895-2347
201 Mulholland
Bay City, MI 48708
Linda Maze and Sara Schwab

Berrien Mental Health Authority (Riverwood) Recipient Rights
(269) 925-0585 or (800) 336-0341
P.O. Box 547
Benton Harbor, MI 49023
Basil Scott

Case Management of Michigan
Suzanne Hoaks
(269) 410-0428

Cass County CMH d/b/a Woodlands Behavioral Healthcare Network
(269) 445-2451 or 1-800-323-0335
960 M-60 East
Cassopolis, MI 49031
Karen Lehman or Kathy Kaplon

CMH for Central Michigan
Recipient Rights
(989) 772-5938 or (800)317-0708
301 S. Crapo Street, Suite 100
Mt. Pleasant, MI 48858
Karen Langeland or Annette Israel or Kristine Stableford or Sophie Stephens
Or
(989) 631-5140 or (800) 317-0708
220 W. Ellsworth St.
Midland, MI 48640
Karen Langeland or Phyllis Kehodl

CMH Authority of Clinton-Eaton-Ingham Counties Recipient Rights
(517) 346-8269 or (517) 346-8235
812 E. Jolly Rd., Ste. G-10
Lansing, MI 48910
Elizabeth Holcomb or Greg Fox or Darlene Crafton

Copper Country CMH Services Recipient Rights
(906) 482-9400 or (800) 526-5059
901 W. Memorial Drive
Houghton, MI 49931
Jim Foss

Easter Seals - Network 180
Recipient Rights
(248)451-2900
1105 N. Telegraph Road
Waterford, MI 48328
Kimberly Kaiser

Gogebic CMH Authority
Recipient Rights
(906) 229-6100
103 W. U.S. 2
Wakefield, MI 49968
Jim King

Hiawatha Behavioral Health
Recipient Rights
(800) 839-9443
125 N. Lake St.
Manistique, MI 49854
Pam Edwards Manistique
Ruth Musser – Sault Ste.Marie /Ste.Ignace

Kalamazoo CMH Services Recipient Rights
(269) 553-8136
3299 Gull Rd.
P.O. Box 63
Nazareth, MI 49074
Deb Vist

LifeWays – Jackson Co.
(800) 284-8288 Ext. 332
1200 N. West Ave.
Jackson, MI 49002
Lynn Guernsey

Macomb County CMH Services Recipient Rights
(586) 469-6528 or (586) 307-9100
10 N. Main St., 5th Floor, County Bdlg.
Mt. Clemens, MI 48043
Marc DeRush

CMH Services of Muskegon County
Recipient Rights
(231) 724-1107 or (231) 722-4357
376 Apple Ave
Muskegon, MI 49442
Rufus Garland Kilgore III

Network 180 (Kent County)
Recipient Rights
(616) 336-3765
728 Fuller Avenue N.E.
Grand Rapids, MI 49503
Kevin Oosterhouse

North Country CMH Recipient Rights
(231) 347-9605 or (800) 281-0481
One Macdonald Drive, Ste. A
Petoskey, MI 49770
Karen Oliverius 5/06

Northern Lakes CMH Authority Recipient Rights
(231) 922-4850 or (800) 442-7315
105 Hall St., Suite A
Traverse City, MI 49684
Jonathan Bennett

Northpointe Behavioral Healthcare Systems Recipient Rights
(800) 750-0522 or (906)863-1519 or (906) 779-0555
715 Pyle Drive
Kingsford, MI 49802
Kevin Newlin or Linda Muinville

CMH of Ottawa County Recipient Rights
(616) 393-5660 or (616) 393-5763
12265 James St.
Holland, MI 49423
Gentry Mohr or Briana Fowler

CMH Services of St. Joseph County
Recipient Rights
(269) 273-5000 or (800) 622-3967 ext.412
210 S. Main St.
Three Rivers, MI 49093
Mike Houck

Sanilac County CMH Recipient Rights
(810) 648-0330 or (888) 225-4447 or (810) 583-0377
217 E. Sanilac, Ste. One
Sandusky, MI 48471
Mary Simon

Van Buren CMH Authority
Recipient Rights
(269) 782-7604
P.O. Box 240
Dowagiac, MI 49047
Sue Myer

Washtenaw Community Health Organization
Recipient Rights
(734) 544-3000
555 Towner, P.O. Box 915
Ypsilanti, MI 48197

West Michigan CMH System Recipient Rights
(231) 845-6294 or (231) 843-7285
920 Diana Street
Ludington, MI 49431
Tina Brown or Betsy Reed

# Beacon Specialized Living Services, Inc.


**Corporate Office**
555 Railroad Street
P.O. Box 69
Bangor, MI 49013
Ph: (269) 427-8400
Fax: (269) 427-6027
Toll Free: (888) 527-0012
www.beaconserv.org

**Lantern Bay**
Anchor Pointe North
Anchor Pointe South
Breakwater East
Breakwater West
Wavecrest
28836 63rd St.
Bangor, MI 49013
Ph: (269) 427-6171
Fax: (269) 427-6172

**Lighthouse View**
Cottage I
Cottage II
Cottage III
56838 48th Ave.
Lawrence, MI 49064
Ph: (269) 674-3703
Fax: (269) 674-3703

**Mission Point**
604 Ash St.
Kingsley, MI 49649
Ph: (231) 263-7323
Fax: (231) 263-5458

**Silverview**
4024 Wyatt Road
Traverse City, MI 49684
Ph: (231) 922-9791
Fax: (231) 922-9790

**Morton Terrace**
3929 Hess St.
Norton Shores, MI 49444
Ph: (231) 739-9539
Fax: (231) 739-5891

**The Oaks**
403 N. Main St.
Plainwell, MI 49080
Ph: (269) 685-8724
Fax: (269) 685-1084


Accredited by the Joint Commission

December 23, 2008

Susan Gamber, Licensing Consultant
322 Stockbridge Ave.
Kalamazoo, MI 49001

Re: C2 Licensing Application, AM800299049

Dear Ms. Gamber;

Please find enclosed the documents as requested in your letter dated November 21, 2008. They are as follows:

- Zoning approval from Arlington Township
- Signed floor plans
- Current Medical clearance for Licensee
- Current TB testing for Licensee
- Summary of Program
- Admission Policy
- Discharge Policy
- Proposed staffing pattern
- Organizational Chart
- Proposed Budget for Cottage II as a 12 bed home
- Current Corporate financial statement

Should you have any question, please contact me at 269-427-8400.

Sincerely,

Ken Ratzlaff

# CERTIFICATION OF SPECIALIZED PROGRAMS
# APPLICATION FOR CERTIFICATION

Michigan Department of Human Services
Bureau of Children and Adult Licensing

**FOR DHS USE ONLY – Cashier code: 41**
License Number:
Paid Amount:
Cashier:

## SECTION I – FACILITY INFORMATION

1. Type of Application:
☐ INITIAL ☒ MODIFICATION: Specify Change: increase beds to 12
Effective Date of Change:

2. Certificate Type (Population served must be mentally ill and/or developmentally disable as authorized by AFC License.)
☒ MENTAL ILLNESS ☒ DEVELOPMENTAL DISABILITY ☐ MENTAL ILLNESS & DEVELOPMENTAL DISABILITY

| 3. Facility Name | 4. Facility Street Address | 5. Facility City, State, Zip |
|---|---|---|
| Cottage II | 56832 48th Ave | Lawrence Mi 49064 |
| **6. Area Code/Telephone Number** | **7. Area Code/Fax Number** | **8. Email Address (if applicable)** |
| (269) 674-4652 | (269) 674-3539 | |
| **9. Facility Mailing Address (if different than #4)** | **10. County** | **11. Township** |
| PO Box 69 Bangor, Mi 49013 | Van Buren | Arlington |
| **12. AFC License Number** | **13. AFC Expiration Date** | **14. Licensed Capacity** / **15. Current Occupancy** |
| AS800095868 | | 12 / 6 |

16. Number of individuals residing in the facility for whom you receive specialized compensation.
_____ Persons with Mental Illness; _____ Persons with Developmental Disability(ies); 6 Persons with Mental Illness and Developmental Disability(ies)

## SECTION II – ADULT FOSTER CARE LICENSEE INFORMATION

| 17. Name of Licensee | 18. Licensee Designee (if applicable) | |
|---|---|---|
| Ken Ratzlaff | Melissa Williams | |
| **19. Street Address** | **20. City, State, Zip Code** | **21. Mailing Address (if different than #19)** |
| 555 Railroad St | Bangor Mi 49013 | PO Box 69 Bangor, Mi 490 |
| **22. Area Code/Telephone Number** | **23. Area Code/Fax Number** | **24. Email Address** |
| (269) 427-8400 | (269) 427-6027 | |

## SECTION III – PLACING AGENCY INFORMATION (Attach additional sheets as necessary)

| 25. Agency Name | 26. Contact Person | |
|---|---|---|
| See attached | | |
| **27. Street Address** | **28. City, State, Zip Code** | **29. Mailing Address (if different than #27)** |
| | | |
| **30. Area Code/Telephone Number** | **31. Area Code/Fax Number** | **32. Email Address** |
| | | |

## SECTION IV – STAFFING INFORMATION

33. Staff-to-resident ratio on each shift:
A.M. Shift: 3 to 4 P.M. Shift: 2 to 6 MIDNIGHT Shift: N/A

3 staff 8.30am-9pm M-Sunday
2 staff 8.30pm-9am M-Sunday
M-F 8am-5pm Home Manag

**SECTION V – DESCRIPTION OF SPECIALIZED PROGRAM(S) PROVIDED**

34. Specialized Program Description (Attach additional sheets if necessary)

**SECTION VI – CERTIFICATION AND SIGNATURE**

The applicant certified that the relevant provisions of 1974 PA 258, as amended (Mental Health Code), the Administrative Rules (330.1801 through 330.1809), and relevant portions of the 1985 Life Safety Code, Appendix F, which regulate the operation of Specialized Programs Offered to Persons with Mental Illness or Developmental Disability(ies) have been read.

The applicant certifies that the information contained in this application is true, complete and accurate to the best of the applicant's knowledge.

| 35. Adult Foster Care Licensee Name (print or type) | 36. Licensee or Licensee Designee Signature | 37. Date Signed |
|---|---|---|
| Ken Ratzlaff | | 12/23/08 |

| | |
|---|---|
| Authority: 1979 PA 218<br>1974 PA 258 | Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |
| Completion: Mandatory | |
| Penalty: Certification will not be issued. | |

# ADULT FOSTER CARE LICENSE
# LIMITED LIABILITY COMPANY, GOVERNMENTAL ORGANIZATION and CORPORATE APPLICATION

Michigan Department of Human Services
Bureau of Children and Adult Licensing

FOR DHS USE ONLY:
License Number:
Paid Amount:
Cashier:
For BCAL Use ONLY: Consultant Load #

## SECTION I – FACILITY INFORMATION

| 1. Facility Name | 2. Application Type | 3. License Number |
|---|---|---|
| Cottage II | ☐ Original ☐ Renewal ☒ Amended | AS800095868 |

| 4. Facility Street Address | 5. City/Village | 6. Township | 7. State | 8. Zip Code |
|---|---|---|---|---|
| 56832 48th Ave | Lawrence | Arlington | MI | 49064 |

| 9. County | 10. Zoning Authority | 11. Telephone Number | 12. Fax Number | 13. New Construction |
|---|---|---|---|---|
| Van Buren | ☒ Township ☐ City/Village | (269)427-8400 | (269)427-6027 | ☒ Yes ☐ No |

| 14. Proposed Capacity | 15. I would prefer: | 16. Ages | 17. Currently Certified As A Specialized Program or Requesting Certification |
|---|---|---|---|
| 12 | ☐ Males ☒ Females ☐ Both | 18+ | ☒ Yes ☐ No |

| 18. Program Type(s) | 19. Water System | 20. Sewer System |
|---|---|---|
| ☒ Mentally Ill ☒ Developmentally Disabled ☒ Aged ☐ Alzheimer's<br>☐ Wheelchair Accessible ☒ Physically Handicapped ☒ Traumatic Brain Injured | ☐ Public ☒ Private | ☐ Public ☒ Private |

21. Facility Type
☐ Small Group 1-6 ☒ Small Group 7-12 ☐ Large Group 13-20 ☐ Congregate 21 or more – EXISTING ONLY

## SECTION II – APPLICANT/LICENSEE INFORMATION

| 22. Corporate/Limited Liability company/Governmental Organization Name | 23. Telephone Number | 24. Fax Number / E-mail address |
|---|---|---|
| Beacon Specialized Living Services | (269)427-8400 | (269)427-6027 |

| 25. Street Address | 26. City | State | Zip Code |
|---|---|---|---|
| 555 Railroad St. | Bangor | MI | 49013 |

| 27. Mailing Address, if different (i.e. P.O. Box) | City | State | Zip Code |
|---|---|---|---|
| P.O. Box 69 | Bangor | MI | 49013 |

| 28. Date Incorporated/Organized | 29. Federal ID Number | 30. | 31. |
|---|---|---|---|
| 5-12-98 | 38-3411707 | ☒ For Profit ☐ Non Profit | ☐ Government ☒ Non Government |

## SECTION III – RESPONSIBLE AGENCY INFORMATION (If Applicable) Attach Additional sheets, as necessary

| 32. Agency Name and Address | 33. Name of Contact Person | 34. Telephone Number |
|---|---|---|
| See attached | | ( ) |
| | | ( ) |
| | | ( ) |
| | | ( ) |

## SECTION IV – LICENSEE DESIGNEE AND ADMINISTRATOR (Person responsible for the daily operation of the facility)
**(Licensing Record Clearance form required to be completed by Licensee Designee or Administrator.)**

| 35. Print Name of Licensee Designee | Social Security Number | 36. Print Name of the Administrator | Social Security Number |
|---|---|---|---|
| Ken Ratzlaff | 38-3411707 | Ken Ratzlaff | 38-3411707 |

37. Describe an conviction of corporate officers, company members, business owners, directors, licensee designee, administrator and non-employee adult members of the household. Do not include minor traffic violations.

38. Does the Corporation/Limited Liability Company/Governmental Organization now, or has it ever, operated an adult foster care facility, children's foster care facility, children's day care facility, child caring institution, adult or child camp, or child placing agency?
If "yes" please see Item 40. ☒ YES ☐ NO

39. Has the Corporation/Limited Liability Company/Governmental Organization ever been denied a license to operate an adult foster care facility, children's foster care facility, child or adult camp, child day care facility, child caring institution or child placing agency?
If "yes" please see Item 40. ☐ YES ☒ NO

40. If your response if YES to either Item 38 or 39, complete the following information. Include all current and previous licensed programs and denied licenses. Attach additional sheets, if necessary.

| Name of Licensing/Certifying Agency | Type of Care | License Number | Application Date | Open | Closed |
|---|---|---|---|---|---|
| See attached | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

41. Provide the following information for all persons who live in the facility, including relatives, roomers and boarders, and live-in staff. DO NOT include adult foster care residents. Attach additional sheets, if necessary.

| Name (Last, First, Middle) | Position or Relationship | Date of Birth |
|---|---|---|
| N/A | | |
| | | |
| | | |
| | | |

42. Directions for reaching facility.

Red Arrow Hwy to CR681, North approx. 2miles, turn east on 48th Ave, go approx. 0.5 miles. Site is on North side of Road, it has a large brick entry. follow the drive all the way to the end.

## SECTION V – OWNERSHIP INFORMATION

43. Identify all ownership interest *in the business*. Attach additional sheets, if necessary.

| Name | Street Address (city, state and zip) |
|---|---|
| Ken + Pat Ratzlaff | 30642 White Oak Dr., Bangor, MI, 49013 |
| Nathan + Jaymi Ratzlaff | 44857 Hayden St, Mattawan, MI 49071 |
| | |

44. Ownership of Facility to be licensed

☒ Own ☐ Rent/Lease ☐ Buying

45. Identify all ownership interest *in the property*. Attach additional sheets, if necessary.

| Name | Street Address (city, state and zip) |
|---|---|
| Same as above | |
| | |
| | |

## SECTION VI – FINANCIAL INFORMATION

All questions must be answered by the licensee designee to the bets of his/her knowledge
Attach an explanation for each "YES" response:

46. HAS TO CORPORATION/LIMITED LIABILITY COMPANY/GOVERNMENTAL ORGANIZATION EVER:

| | | | | | |
|---|---|---|---|---|---|
| a. Filed for bankruptcy? | ☐ YES | ☒ NO | f. Had a default judgment against it? | ☐ YES | ☒ NO |
| b. Had a seizure of assets? | ☐ YES | ☒ NO | g. Had a repossession or foreclosure? | ☐ YES | ☒ NO |
| c. Had a lien enforced against it? | ☐ YES | ☒ NO | h. Had a notice of eviction due to payment problems? | ☐ YES | ☒ NO |
| d. Had its financial assets frozen? | ☐ YES | ☒ NO | i. Had a garnishment/attachment of wages/income? | ☐ YES | ☒ NO |
| e. Had a contract to receive public monies not renewed or terminated prior to its expiration? | | | | ☐ YES | ☒ NO |

47. HAS ANY OFFICER OF THIS CORPORATION/LIMITED CORPORATION/GOVERNMENTAL ORGANIZATION EVER BEEN AN OFFICER/PARTNER OF ANOTHER CORPORATION/LIMITED LIABILITY CORPORATION/GOVERNMENTAL ORGANIZATION OR PARTNERSHIP THAT:

| | | |
|---|---|---|
| a. Filed bankruptcy? | ☐ YES | ☒ NO |
| b. Had a contract to receive public monies not renewed or terminated prior to its expiration? | ☐ YES | ☒ NO |
| c. Has been subject to a government seizure of assets? | ☐ YES | ☒ NO |

## SECTION VII – CERTIFICATION AND SIGNATURES

I have a read 1979 PA 218 as amended, and the administrative rules regulating the operation of adult foster care facilities. If granted a license, I will comply with the Act and these rules.

In order to permit a proper determination of conformity with the rules, I give permission to the Michigan Department of Human Services to make a necessary and reasonable investigation of my activities and proposed standards of care and to make an on-site inspection of the facility.

I am aware of the legal provisions of Section 13 and Section 31 of 1979 PA 218 respectively, that operating an adult foster care facility without a license or to violate this Act is subject to criminal penalties punishable by imprisonment or a substantial fine, or both.

I certify that I will assess the good moral character of the employees of this home/facility, as required by PA 218. I certify that if I or any employee, volunteer, or household member of the facility who is on parole or probation or convicted of a felony, I shall report such information to the Department.

I also certify that any information I give in respect to any investigation conducted by the Department will be, to the best of my ability, true and correct.

| 48. Signature of Licensee Designee | 49. Date |
|---|---|
| [signature] | 11-10-08 |

50. **A LICENSE FEE (which is non-refundable and non-transferable)**, payable by check or money order **ONLY**, to the **STATE OF MICHIGAN**, is to be sent in accordance with the Application Instructions. The fees are:

| | ORIGINAL | RENEWAL | | ORIGINAL | RENEWAL |
|---|---|---|---|---|---|
| **Small Group Home 1-6** | **$105.00** | **$25.00** | **Large Group Home 13-20** | **$170.00** | **$100.00** |
| **Small Group Home 7-12** | **$135.00** | **$60.00** | **Congregate Facility 21 +** | **$220.00** | **$150.00** |

The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1979 PA 218
COMPLETION: Mandatory
NON-COMPLETION: License issuance will be denied

**BEACON SPECIALIZED LIVING SERVICES, INC**
P.O. BOX 69
BANGOR, MI 49013
(269) 427-8400

**FIFTH THIRD BANK**
BANGOR, MI 49013
74-5/724

62349

11/5/2008

PAY TO THE ORDER OF MI - Dept. of Human Services $ **135.00

One Hundred Thirty-Five and 00/100********** DOLLARS

MI - Dept. of Human Services
Cashiers Office
P.O. Box 30759
Lansing, MI 48909-8150

MEMO New License for CII

⑈062349⑈ ⑆072400052⑆ 876900224⑈

© 2005 INTUIT INC. # 765 1-800-433-8310

**BEACON SPECIALIZED LIVING SERVICES, INC**

62349

| | | |
|---|---|---|
| MI - Dept. of Human Services | 11/5/2008 | |
| New License for CII | | 135.00 |

Checking Account 53r New License for CII 135.00

DEPARTMENTAL APPROVAL FOR CERTIFICATE of OCCUPANCY and COMPLIANCE

To be filled in by each division indicated hereon upon completion of its final inspection.

BUILDINGS Permit No. _____
Approved by Chuck Mills Date 3/28/11
Remarks _____

PLUMBING Permit No. _____
Approved by _____ Date _____
Remarks _____

ELECTRICAL Permit No. _____
Approved by _____ Date _____
Remarks _____

OTHER _____ Permit No. _____
Approved by _____ Date _____
Remarks _____

214 - 2432

DATE 1/10/

# BUILDING PERMIT - CERTIFICATE OF OCCUPANCY

APPLICANT JIM LINDEMULDER DATE 10-27-08 PERMIT NO. 08AR-37

ADDRESS _____ (NO.) _____ (STREET) _____ (CONTR'S LICENSE)

PERMIT TO RENEW PERMIT (TYPE OF IMPROVEMENT) STORY NO. 08AR-13 (PROPOSED USE) NUMBER OF DWELLING UNITS _____

AT (LOCATION) 56832 (NO.) 48TH ST. LAWR, (STREET) ZONING DISTRICT _____

BETWEEN _____ (CROSS STREET) AND _____ (CROSS STREET)

SUBDIVISION _____ LOT _____ BLOCK _____ LOT SIZE _____

BUILDING IS TO BE 30 FT. WIDE BY 30 FT. LONG BY _____ FT. IN HEIGHT AND SHALL CONFORM IN CONSTRUCTION

TO TYPE JB USE GROUP R3 BASEMENT WALLS OR FOUNDATION _____ (TYPE)

REMARKS: TAX ID 80 03 031 007 20 JOC 018

AREA OR VOLUME _____ (CUBIC/SQUARE FEET)

OWNER BEACON SPECIALIZED

ADDRESS _____

TO BE POSTED ON PREMISES

SEE REVERSE SIDE FOR CONDITIONS OF CERTIFICATE

FORM NO. I.C.C. - BP 2003

# ARLINGTON TOWNSHIP
## Van Buren County, Michigan

August 22, 2003

Ken Ratzlaff
55039 CR 681
Lawrence, MI 49064

RE: Site plan and special use applications for 56832 & 56838 - 48th Ave., Arlington Township

Dear Mr. Ratzlaff:

We have received your site plan and special use applications for an adult foster care at the above noted addresses.

At this time, we have not received the application fees of $1,450.00 (made payable to Arlington Township). Please submit the application fees at your earliest possible convenience so we may continue processing your proposal.

8-14- 33268 BRUCE DEAN

As well, your applications indicate that you are applying for a ***medium*** group home. Your proposed increase to a 7-12 bed facility qualifies as a ***Small Group Home***, not a medium group home. The Township Zoning Board of Appeals made an interpretation to include Small Group Homes, as defined in Section 10.02, as special uses at a meeting held April 22, 2003.

Please be aware that if your applications are approved by the Planning Commission, your next step would be to submit building permit applications with sealed drawings prepared by a State of Michigan licensed architect or engineer.

Should you have any questions, please contact me at 269-679-4900 xt 202.

Sincerely,

Renee Moore

Renee Moore
Zoning Administrator
Arlington Township

c: Will Pugsley, Township Clerk
Bill Colgren, Township Supervisor

**Nathan Ratzlaff**

**From:** dolman3@mac.com on behalf of John O'Connell (dolman3@mac.com)
**Sent:** Friday, July 18, 2008 9:28 AM
**To:** Nathan Ratzlaff
**Subject:** Planning Com Ratzloff

Oct 14-03
7:05 PM meeting called to order
PRESENT - Don Sell Jerry Pfeil - Judi Davis
meeting was to apply for Special Use Permit for Adult Foster Care Group Home - There was no opposition to the permit. The applicant was Ken Ratzlaff
Don made a motion to approve the Special Use Permit - Second Judi - Motion carried -

New business Don -
Recommend to board to get Ken Ratzlaff to change building site from 2 acres to 1 acres and have frontage 200 ft - Second Judi - Motion carried -

Motion to adjourn Don
second Jerry - 7:35

Planning Com Ratzloff

# INSPECTION REPORT
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF FIRE SERVICES
**FIRE MARSHAL DIVISION**

| FACILITY NAME | INSPECTION DATE | COUNTY | PROJECT |
|---|---|---|---|
| Cottage 2 | 09/08/2016 | Van Buren | 145222 |
| ADDRESS | FACILITY TYPE | RULES/CODES | JOB/LIC/FAC. NO. |
| 56832 48th Avenue | AFC Part 4, Small | AFC - 2012 | |
| CITY, STATE ZIP CODE | FACILITY REPRESENTATIVE | | INSPECTION TYPE |
| Lawrence, MI 49064 | Randy Pitcher | | Final |
| FACILITY PHONE | FACILITY FAX | FACILITY E-MAIL | |
| | | rpitcher@beaconserv.org | |

**RE: Relicensing From a 6 bed to a 7-12 bed Facility**

A final fire safety inspection was completed this date. Deficiencies noted in our prior inspection reports have been satisfactorily corrected. This report may be considered as final approval of this project.

cc:
Approved Protection Systems / billa@approvedfire.com
B.L. Harroun & Son
DMH Architecture / dawn@dmharch.com
Facility
OCAL

145222 09-08-16

| FIRE SAFETY CERTIFICATION | PROJECT STATUS | REVIEWED BY |
|---|---|---|
| Approved | Closed | RL 9/8/16 |
| INSPECTING OFFICIAL | ADDRESS | 3101 Technology Blvd., Suite H |
| PAUL KARNEMAAT, Fire Marshal Inspector | | Lansing, MI 48910 |
| SIGNATURE OF OFFICIAL | TELEPHONE | (616) 447-2691 |
| Paul Karnemaat | FAX | (517) 332-1427 |
| | E-MAIL | karnemaatp@michigan.gov |

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Authority: PA207 of 1941, as amended
Completion: Required
Penalty: Misdemeanor

BFS-40 (Rev. 1/07)

**Distribution:** Architect, BFS Central/Field Office, BCAL/BHCS/DOC/DOE, Facility, Local Fire Department

# INSPECTION REPORT
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF FIRE SERVICES
**FIRE MARSHAL DIVISION**

| FACILITY NAME | INSPECTION DATE | COUNTY | PROJECT |
|---|---|---|---|
| Cottage 2 | 05/27/2016 | Van Buren | 145222 |
| ADDRESS | FACILITY TYPE | RULES/CODES | JOB/LIC/FAC. NO. |
| 56832 48th Avenue | AFC Part 4, Small | AFC - 2012 | |
| CITY, STATE ZIP CODE | FACILITY REPRESENTATIVE | | INSPECTION TYPE |
| Lawrence, MI 49064 | Randy Pitcher | | Preliminary |
| FACILITY PHONE | FACILITY FAX | FACILITY E-MAIL | |
| | | rpitcher@beaconserv.org | |

**RE: Relicensing From a 6 bed to a 7-12 bed Facility**

A preliminary fire safety inspection was completed this date. The following deficiencies must be corrected prior to final approval of this project.

1. The sprinkler system 12-A documentation must be submitted and recorded by the Lansing office
2. The control valve for the water supply for the sprinkler system must be electronically supervised and connected to the fire alarm system
3. Fire alarm contractor will need to submit revised plans using an updated version from the architect. The plans used for initial submission do not accurately reflect some of the rooms and their use, there were rooms missing on the plans. None of the corrections from the originally reviewed plans had been installed.
4. Schedule a final inspection of the fire alarm system after 12-A documentation submission
5. Provide this office with final electrical inspection approvals
6. Seal all penetrations in the furnace room in the basement and the outside furnace room
7. Resize the discharge pipe for the sprinkler system inspectors test to reflect the smallest diameter sprinkler head for this facility
8. Schedule a final inspection for the fire alarm system.

**NOTE: This facility remains open as it had been previously approved by licensing for a 6 bed AFC. While temporary approval will be granted, the facility is disapproved for opening to a 7-12 bed AFC.**

cc:
Approved Protection Systems / billa@approvedfire.com
B.L. Harroun & Son
DMH Architecture / dawn@dmharch.com
Facility
OCAL

145222 05-27-16

| FIRE SAFETY CERTIFICATION | PROJECT STATUS | REVIEWED BY |
|---|---|---|
| Temporary Approval Until: 7/28/16 | Open | RL 6-1-16 |
| INSPECTING OFFICIAL | ADDRESS | 3101 Technology Blvd., Suite H |
| PAUL KARNEMAAT, Fire Marshal Inspector | | Lansing, MI 48910 |
| SIGNATURE OF OFFICIAL | TELEPHONE | (616) 447-2691 |
| Paul Karnemaat | FAX | (517) 332-1427 |
| | E-MAIL | karnemaatp@michigan.gov |

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Authority: PA207 of 1941, as amended
Completion: Required
Penalty: Misdemeanor

BFS-40 (Rev. 1/07)

**Distribution:** Architect, BFS Central/Field Office, BCAL/BHCS/DOC/DOE, Facility, Local Fire Department

FS-12A (1/15)
Department of Licensing and Regulatory Affairs
Bureau of Fire Services
P.O. Box 30700
Lansing, MI 48909
Phone: 517-241-8847

| F.S. USE ONLY | F.S. PROJECT 145222 |
|---|---|
| JOB NO. 08-314 | CERT. NO. A-0231 |

## PLAN REVIEW / DOCUMENTATION
## FIRE ALARM SYSTEM INSTALLATION – 2012 ADULT FOSTER CARE RULES

| Facility Name | | Date of Plan Review |
|---|---|---|
| Cottage 2 | | 4-20-16 |
| Address: Street, City, State, ZIP | | County |
| 56832 48th Avenue, Lawrence, MI 49064 | | Van Buren |
| Facility Type | System Type | System |
| Adult Foster Care (7-12) Small | Fire Alarm/Fire Detection | ☐ New ☒ Modification |
| Project Description | | |
| Renovation to Existing Fire Alarm System | | |
| Architect/Engineer/Certified Firm | | Telephone: |
| Approved Protection Systems | | 269-342-2748 |
| Address: Street, City, State, ZIP | | Fax: |
| 2513 North Burdick St., Kalamazoo, MI 49007 | | 269-381-2363 |

☐ Approved ☒ Approved contingent upon compliance with the following: ☐ Not approved for the reasons listed below

PLEASE REFERENCE OUR NUMBER **145222** ON FUTURE CORRESPONDENCE, ADDENDA, BLUEPRINTS, ETC., CONCERNING THIS PROJECT, AND NOTIFY ANY OTHER ARCHITECT/ENGINEER, COMPANY, SUB-CONTRACTOR, ETC. INVOLVED.

THE SUBMITTED DOCUMENTS HAVE BEEN REVIEWED FOR COMPLIANCE WITH THE 2012 ADULT FOSTER CARE FACILITIES FIRE SAFETY RULES AND THE 2006 EDITION OF NFPA 101, LIFE SAFETY CODE FOR ADULT FOSTER CARE SMALL GROUP HOMES, CAPACITY 7-12 ADULTS, ADULT FOSTER CARE LARGE GROUP HOMES, CAPACITY 13-20 ADULTS

OTHER LAWS, CODES, AND RULES TO BE CONSIDERED ARE PUBLIC ACT 144 OF 1982, PUBLIC ACT 217 OF 1956, PUBLIC ACT 218 OF 1979, AND NFPA 13, 70, 71, 72, 73, 74, 90A, ETC.

1. This submittal has been reviewed solely for the existence and location of initiating and signaling devices to determine compliance with promulgated fire safety and/or recognized national standards. It is the responsibility of the certified firm to assure compliance with all other applicable laws, codes, rules, and manufacturer's recommendations and component compatibility.

**SYSTEM DOCUMENTATION**

*I certify the system has been installed in accordance with Sections 1 to 25 of 1941 PA 207, as amended (MCL 29.1 - 29.25) and R29.2801 to 29.2814 of the rules promulgated pursuant to the act.*

| Certified Firm & Address: Street, City, State, ZIP | Phone: |
|---|---|
| | Fax: |
| Qualifying Person (type or print) | Signature & Date |
| Responsible Person (type or print) | Signature & Date |

**PLAN REVIEW DIVISION USE ONLY:**

| Amt. of Fee Rec'd. | Date Rec'd. | Check No. | Certification No. |
|---|---|---|---|
| | | | |

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Authority: PA207 of 1941, as amended
Completion: Required
Penalty: Decertification of the firm

**DISTRIBUTION**
Firm: Return signed copy with $40 to the Plan Review Division at the address at the top of the form.
Plan Review Division: Retain original, copy to firm and building owner (after inspection by field office, they retain a copy, send original to the office).

2. Wiring methods employed in required fire alarm/fire detection systems under the jurisdiction of the Bureau of Fire Services shall comply with Article 760 of the National Electrical Code, NFPA 70.

3. All component parts of the system shall be tested and proven compatible and shall be listed for the purpose for which they are used by an independent testing laboratory approved by this office, such as Underwriters Laboratories or Factory Mutual.

4. Provide the field inspector with approval of the electrical installation from the Electrical Division of the Bureau of Construction Codes, or the inspection authority delegated by that office. For questions regarding electrical jurisdiction, contact the Electrical Division at 517-241-9320.

5. This report is the official review documentation for this system in determining compliance with the applicable fire safety rules and standards. The architectural plan review did not include this system.

6. Small facilities shall have a smoke detectors installed in accordance with Section 32.2.3.4.3 of NFPA 101, 2006, as amended.

7. Visible notification appliances in rooms shall be rated, spaced, and synchronized in accordance with Section 7.5.4.1 of NFPA 72, 2002. **Special attention to the inadequate coverage at Bath (2 locations), Laundry and Kitchen.**

8. Sprinkler waterflow alarm initiating devices shall be connected to the fire alarm system to sound the building fire alarm in accordance with Chapter 32 of NFPA 101, 2006. Refer also to 5.10 and 6.8.5.5 of NFPA 72, 2002.

9. With the documentation of the FS-12A, you are certifying this entire **Fire Alarm System** is in compliance with the Adult Foster Care Fire Safety Rules and all applicable codes and standards.

10. By documenting this installation, the certified firm is certifying that it has verified that the audible signal levels are in compliance with Section 7.4 of NFPA 72, 2002.

11. If you have any questions concerning this plan review report please contact me at 517-373-6361.

Adam Dailide, Plan Reviewer
Plan Review Division

AD/rh
cc: Lawrence Township Fire Department
OCAL

Department of Energy, Labor & Economic Growth
Bureau of Fire Services
Plan Review Division
P.O. Box 30700
Lansing, MI 48909

| | |
|---|---|
| Authority: 1941 PA 207<br>Completion: Required<br>Penalty: Misdemeanor | The Department of Energy, Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |

## FIRE SAFETY PLAN REVIEW REPORT

☒ FINAL

☐ SCHOOL ☐ COLLEGE/UNIVERSITY ☒ ADULT FOSTER CARE ☐ CORRECTIONS
☐ HOME FOR THE AGED ☐ HOSPITAL ☐ NURSING HOME ☐ AIS/MR
☐ FSOF/ASC ☐ DORMITORY ☐ STATE FACILITY ☐ OTHER

| ARCHITECT/ENGINEER | PROJECT DESCRIPTION: | DATE |
|---|---|---|
| James Schneberger<br><br>565 School Street<br>South Haven, MI 49090<br><br>269-637-2036 | New AFC 7-12<br><br>FACILITY:<br>Cottage 2<br>56838 48th Avenue<br>Lawrence, MI 49064<br><br>COUNTY:<br>Van Buren | 2/18/09<br><br>F.S. PROJECT NO.<br>**83858**<br><br>JOB NO.<br>--- |

The plans and specifications for the above project have been reviewed for compliance with the applicable FIRE SAFETY RULES.
The review does not reflect structural or engineering matters outside the matter of fire safety.
Field inspection approval will be required before occupancy.

☐ Approved ☒ Approved contingent upon compliance with following: ☐ Not approved for the reasons listed:

PLEASE REFERENCE OUR NUMBER **83858** ON FUTURE CORRESPONDENCE, ADDENDA, BLUEPRINTS, ETC., CONCERNING THIS PROJECT, AND NOTIFY ANY OTHER ARCHITECT/ENGINEER, COMPANY, SUB-CONTRACTOR, ETC. INVOLVED.

THE SUBMITTED DOCUMENTS HAVE BEEN REVIEWED FOR COMPLIANCE WITH THE 1994 ADULT FOSTER CARE FACILITIES FIRE SAFETY RULES FOR ADULT FOSTER CARE SMALL GROUP HOMES, CAPACITY 7-12 ADULTS, ADULT FOSTER CARE LARGE GROUP HOMES, CAPACITY 13-20 ADULTS, OR CONGREGATE CARE FACILITIES 21 OR MORE ADULTS.

1. Draperies, curtains, and other similar loosely hanging furnishings and decorations shall be in compliance with the provisions of Section 31-1.4.1 of NFPA Pamphlet 101, Life Safety Code.

2. Heating, ventilating, air-conditioning equipment, flame producing water heaters, and/or incinerators shall be in compliance with Rule 219. Fireplaces are not permitted. Refer also to Rule 203 and 214.

3. Shop drawings for the required fire alarm and automatic sprinkler systems shall be submitted by a firm certified under Act 144. Refer to Rule 110, 216 and 217. **Please submit these drawings to our office for review.**

4. At the completion of this project, provide the inspecting officer with the approval for the completed electrical system from the appropriate electrical inspecting authority. Refer to Rule 224.

5. **The Architect or Applicant shall request for inspection once all required reviews are complete and any corrective work is done, this request shall be made in writing to the Bureau of Fire Services, P.O. Box 30700, Lansing, Michigan 48909 at least four weeks prior to the desired inspection date.**

**6.** If you have any questions concerning this review, please contact me at 517-241-0827

Brian Byelich
Plan Review Division

BB/ef
cc: Lawrence Twp Fire Department

1/12/11

# Sprinkler Inspection Certificate

*For*

## Beacon: Cottage #2
## 56832 48th Avenue
## Lawrence, MI 49064

Tested to NFPA 25 Standards

*This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.*

*Inspection Date*
*Jan 11, 2011*

Building: Beacon: Cottage #2
Contact: Connie Davis
Title: Management

Company: Approved Fire Protection Company
Contact: Chris Ronfeldt
Title: Alarm Technician

# *Executive Summary*

*Generated by: BuildingReports.com*

## Building Information

| | |
|---|---|
| Building: Beacon: Cottage #2 | Contact: Connie Davis |
| Address: 56832 48th Avenue | Phone: 2696744652 |
| Address: | Fax: |
| City/State/Zip: Lawrence, MI 49064 | Mobile: |
| Country: United States of America | Email: randy.pitcher@beaconserv.org |

## Inspection Performed By

| | |
|---|---|
| Company: Approved Fire Protection Company | Inspector: Chris Ronfeldt |
| Address: 2513 N. Burdick Street | Phone: 269-342-2748 |
| Address: | Fax: 269-381-2363 |
| City/State/Zip: Kalamazoo, MI 49007 | Mobile: 269-492-4021 |
| Country: United States of America | Email: cronfeldt@approvedfire.com |

## System Control Unit

| System Type | System Location | Protected Area | Devices |
|---|---|---|---|
| Wet Pipe | Building- All | Building-All | 7 |

## Inspection Summary

| Category | Total Items | | Serviced | | Passed | | Failed/Other | |
|---|---|---|---|---|---|---|---|---|
| | Qty | % | Qty | % | Qty | % | Qty | % |
| Valve | 2 | 28.57% | 2 | 100.00% | 2 | 100.00% | 0 | 0% |
| Device | 3 | 42.86% | 3 | 100.00% | 3 | 100.00% | 0 | 0% |
| Pump | 1 | 14.29% | 1 | 100.00% | 1 | 100.00% | 0 | 0% |
| Alarm | 1 | 14.29% | 1 | 100.00% | 1 | 100.00% | 0 | 0% |
| Totals | 7 | 100% | 7 | 100.00 % | 7 | 100.00 % | 0 | 0% |

## Certification

| | |
|---|---|
| Building: Beacon: Cottage #2 | Company: Approved Fire Protection Company |
| Contact: Connie Davis | Inspector: Chris Ronfeldt |
| Signed: | Signed: |

# *Inspection & Testing*

*Generated by: BuildingReports.com*

## Building: Beacon - Coltage #2

*The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred. For more information about an item, click on the link provided.*

| Device Type | Location | Service | Time | Date |
|---|---|---|---|---|
| | | ***Passed*** | | |
| **Building- All Wet Pipe, Building-All** | | | | |
| Waterflow Switch | Basement North AHU Room | Annual by Harroun's | 10:23:19 AM | 01/11/2011 |
| Drain | Basement North AHU Room | Annual by Harroun's | 10:23:58 AM | 01/11/2011 |
| Gauge | Basement North AHU Room | Annual by Harroun's | 10:23:34 AM | 01/11/2011 |
| Water Storage Tank | Basement North AHU Room | Annual by Harroun's | 10:24:01 AM | 01/11/2011 |
| Pump | Basement North AHU Room | Annual by Harroun's | 10:23:49 AM | 01/11/2011 |
| Control Valve | Basement North AHU Room | Annual by Harroun's | 10:23:20 AM | 01/11/2011 |
| Inspector's Test | Basement North Entrance | Annual by Harroun's | 10:24:22 AM | 01/11/2011 |

# Wet Pipe Fire Sprinkler Systems

*Generated by: BuildingReports.com*

## Building: Beacon: Cottage #2 — Building-All, Building-All

*A sprinkler system employing automatic sprinklers attached to a piping system containing water and connected to a water supply so that water discharges immediately from sprinklers opened by heat from a fire.*

### Pump

| Manufacturer | Model # | Location | Install Date | Rated Speed |
|---|---|---|---|---|
| Gould | JO6853L | Basement North AHU Room | 05/15/2009 | 3450 |

| Serial Number | Type | Orientation | Impeller Size |
|---|---|---|---|
| | | | |

### Alarms

#### Waterflow Switch

| Type | Manufacturer | Model # | Sec | Size | Zone/Address | OK | ScanID |
|---|---|---|---|---|---|---|---|
| Vane | System Sensor | WFDT | 50 | | 1 | ☑ | 09439732 |

### Components

#### Control Valve

| Type | Manufacturer | Size | Position | Status | OK | ScanID |
|---|---|---|---|---|---|---|
| Ball | NIBCO | 1.5" | Open | | ☑ | 10953041 |

#### Inspector's Test

| Manufacturer | Model # | Pressure psi | Trip Time Sec | Flow Sec | OK | ScanID |
|---|---|---|---|---|---|---|
| NIBCO | 1in | | | 50 | ☑ | 10953039 |

### Devices

#### Drain

| Type | Size | Supply psi | Static psi | Residual psi | Sec | OK | ScanID |
|---|---|---|---|---|---|---|---|
| Main | | | | | | ☑ | 10953040 |

#### Gauge

| Type | Location | Static psi | Fill Type | Size | OK | ScanID |
|---|---|---|---|---|---|---|
| System Pressure | Basement North AHU Room | 45 | Oil | 1/4 | ☑ | 10953043 |

#### Water Storage Tank

| Location | Capacity | Internal Date | Pressure psi | Deg | OK | ScanID |
|---|---|---|---|---|---|---|
| Basement North AHU Room | 1,500 | 12/31/1969 | | | ☑ | 10953044 |

| Type | Manufacturer | Model Number |
|---|---|---|
| Above ground | | |

# *Inventory & Warranty Report*

*Generated by: BuildingReports.com*

## Building- Beacon: Cottage #2

*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

| Device or Item | Category | % of Inventory | Quantity |
|---|---|---|---|
| Waterflow Switch | Alarm | 14.29% | 1 |
| Control Valve | Valve | 14.29% | 1 |
| Gauge | Device | 14.29% | 1 |
| Pump | Pump | 14.29% | 1 |
| Drain | Device | 14.29% | 1 |
| Water Storage Tank | Device | 14.29% | 1 |
| Inspector's Test | Valve | 14.29% | 1 |

### *In Service - 1 Year to 2 Years*

**Building- All Wet Pipe, Building-All**

| Device or Item | Qty | Model # | Description | Install Date |
|---|---|---|---|---|
| Water Storage Tank | 1 | | Above ground | 05/15/2009 |
| Gauge | 1 | | System Pressure | 05/15/2009 |
| Pump | 1 | JO6853L | | 05/15/2009 |
| Control Valve | 1 | | Ball | 05/15/2009 |
| Drain | 1 | 1in | Main | 05/15/2009 |
| Inspector's Test | 1 | 1in | | 05/15/2009 |
| Waterflow Switch | 1 | WFDT | Vane | 05/15/2009 |

# Fire Alarm and Life Safety System Inspection Certificate

*For*

Beacon: Cottage #2
56832 48th Avenue
Lawrence, MI 49064

Tested to NFPA 72 Standards

*This Inspection was performed in accordance with applicable NFPA Standards. The subsequent pages of this report provide performance measurements, listed ranges of acceptable results, and complete documentation of the inspection. Whenever discrepancies exist between acceptable performance standards and actual test results, notes and/or recommended solutions have been proposed or provided for immediate review and approval.*

*Inspection Date*
*Jan 10, 2011*

Building: Beacon: Cottage #2
Contact: Connie Davis
Title: Management

Company: Approved Fire Protection Company
Contact: Chris Ronfeldt
Title: Alarm Technician

# *Executive Summary*

*Generated by: BuildingReports.com*

## Building Information

| | |
|---|---|
| Building: Beacon: Cottage #2 | Contact: Connie Davis |
| Address: 56832 48th Avenue | Phone: 2696744652 |
| Address: | Fax: |
| City/State/Zip: Lawrence, MI 49064 | Mobile: |
| Country: United States of America | Email: randy.pitcher@beaconserv.org |

## Inspection Performed By

| | |
|---|---|
| Company: Approved Fire Protection Company | Inspector: Chris Ronfeldt |
| Address: 2513 N. Burdick Street | Phone: 269-342-2748 |
| Address: | Fax: 269-381-2363 |
| City/State/Zip: Kalamazoo, MI 49007 | Mobile: 269-492-4021 |
| Country: United States of America | Email: cronfeldt@approvedfire.com |

## System Control Unit

| | | |
|---|---|---|
| Manufacturer: Edwards | Inspection Date: 01/10/2011 | IDC Style: B |
| Model Number: FS502 | Install Date: 01/01/2008 | SLC Style: |
| Software Version: | Version Date: 12/13/2004 | NAC Style: Y |
| Location: 1st East Utility Room | Current Protection: Breaker | |

## Monitoring

| | | |
|---|---|---|
| Type: | Mfg: | Model #: |
| Test Time/Date: | Restore Time: | |

## Inspection Summary

| Category | Total Items | | Serviced | | Passed | | Failed/Other | |
|---|---|---|---|---|---|---|---|---|
| | Qty | % | Qty | % | Qty | % | Qty | % |
| Indicating | 5 | 14.29% | 5 | 100.00% | 5 | 100.00% | 0 | 0% |
| Initiating | 24 | 68.57% | 24 | 100.00% | 24 | 100.00% | 0 | 0% |
| Control | 6 | 17.14% | 6 | 100.00% | 6 | 100.00% | 0 | 0% |
| Totals | 35 | 100% | 35 | 100.00 % | 35 | 100.00 % | 0 | 0% |

## Certification

| | |
|---|---|
| Building: Beacon: Cottage #2 | Company: Approved Fire Protection Company |
| Contact: Connie Davis | Inspector: Chris Ronfeldt |
| Signed: | Signed: |

# *Inspection & Testing*

*Generated by: BuildingReports.com*

## Building: Beacon: Cottage #2 — Control Panel: 1 - Edwards FS502

*The Inspection & Testing section lists all of the items inspected in your building. Items are grouped by Passed or Failed/Other. Items are listed by Category. Each item includes the services performed, and the time & date at which testing occurred.*

| Device Type | Location | Service | Time | Date |
|---|---|---|---|---|
| | | ***Passed*** | | |
| **Control** | | | | |
| Battery | 1st East Utility Room Gate power supply | Bypassed | 12:24:47 PM | 01/10/2011 |
| Battery | 1st East Utility Room FACP | Replaced | 12:38:55 PM | 01/10/2011 |
| Battery | 1st East Utility Room FACP | Replaced | 12:39:32 PM | 01/10/2011 |
| Control Panel | 1st East Utility Room | Tested/Cleaned | 12:25:19 PM | 01/10/2011 |
| Power Supply | 1st East Utility Room Gate power supply | Bypassed | 12:23:58 PM | 01/10/2011 |
| Special Control | 1st East Utility Room FACP. Gate power supply | Bypassed | 12:39:52 PM | 01/10/2011 |
| **Indicating** | | | | |
| Horn/Strobe | Basement Northwest | Tested | 1:04:17 PM | 01/10/2011 |
| Horn/Strobe | Basement Northeast | Tested | 1:04:56 PM | 01/10/2011 |
| Horn/Strobe | 1st South Hallway | Tested | 12:57:31 PM | 01/10/2011 |
| Horn/Strobe | 1st North Living Room | Tested | 12:57:56 PM | 01/10/2011 |
| Horn/Strobe | 1st North Hallway | Tested | 1:10:58 PM | 01/10/2011 |
| **Initiating** | | | | |
| Heat Detector | 1st East Kitchen | Inspected | 12:43:51 PM | 01/10/2011 |
| Heat Detector | 1st North Laundry | Inspected | 1:08:11 PM | 01/10/2011 |
| Pull Station | Basement North Stairwell | Tested | 1:44:48 PM | 01/10/2011 |
| Pull Station | Basement North Exit | Tested | 1:45:23 PM | 01/10/2011 |
| Pull Station | 1st East Living Room | Tested | 1:37:30 PM | 01/10/2011 |
| Pull Station | 1st South Hallway | Tested | 1:43:24 PM | 01/10/2011 |
| Pull Station | 1st North Exit | Tested | 1:43:41 PM | 01/10/2011 |
| Pull Station | 1st West Living Room | Tested | 1:44:04 PM | 01/10/2011 |
| Smoke Detector | Basement Northwest Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 1:02:57 PM | 01/10/2011 |
| Smoke Detector | Basement Northeast Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 1:05:01 PM | 01/10/2011 |
| Smoke Detector | 1st South Kitchen FACP S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:40:33 PM | 01/10/2011 |
| Smoke Detector | 1st West Living Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:44:40 PM | 01/10/2011 |
| Smoke Detector | 1st Bedroom #5 S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:47:00 PM | 01/10/2011 |
| Smoke Detector | 1st Bedroom #4 S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:47:45 PM | 01/10/2011 |
| Smoke Detector | 1st Bedroom #3 S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:48:33 PM | 01/10/2011 |
| Smoke Detector | 1st Bedroom #1 S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:49:50 PM | 01/10/2011 |
| Smoke Detector | 1st Bedroom #2 S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:56:43 PM | 01/10/2011 |
| Smoke Detector | 1st South Hallway S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:57:18 PM | 01/10/2011 |
| Smoke Detector | 1st Inside Med Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 12:58:35 PM | 01/10/2011 |
| Smoke Detector | 1st West Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 1:08:37 PM | 01/10/2011 |
| Smoke Detector | 1st Northwest Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 1:09:35 PM | 01/10/2011 |
| Smoke Detector | 1st Northeast Room S.T.1.38 to 3.08%FT | Tested/Cleaned | 1:11:06 PM | 01/10/2011 |
| Smoke Detector | 1st North Hallway S.T.1.38 to 3.08%FT | Tested/Cleaned | 1:12:04 PM | 01/10/2011 |
| Smoke Detector | 1st East Mechanical Outside Door S.T.1.38 to | Tested/Cleaned | 1:52:13 PM | 01/10/2011 |

| Device Type | Location | Service | Time | Date |
|---|---|---|---|---|
| | 3.08%FT | | | |

# *Time, Temperature & Level Testing*

*Generated by: BuildingReports.com*

| Building: Beacon Cottage #2 | Control Panel 1 - Edwards FS502 |
|---|---|

*The Time, Temperature, & Level Testing section details the measurements taken from various devices that are designed to respond in a certain amount of time, respond at a certain temperature, or respond within the acceptable range of volume or level. Items are grouped by Passed or Failed/Other.*

| Type | Location | Comment | Sec | Deg | Lvl | ScanID |
|---|---|---|---|---|---|---|
| | | ***Passed*** | | | | |
| **Heat Detector** | | | | | | |
| Fixed Temperature | 1st East Kitchen | Passed | N/A | n/a | n/a | 06546534 |
| Fixed Temperature | 1st North Laundry | Passed | N/A | n/a | n/a | 09439719 |

# *Battery & Power Supply Testing*

*Generated by: BuildingReports.com*

Building: Beacon: Cottage #2 — Control Panel 1 - Edwards FS502

*The Control & Power Testing section details the readings and measurements of batteries and power supplies used to provide power to the fire alarm and life safety systems. Items are grouped by Passed or Failed/Other.*

| Type | Location | Comment | Amps | Volts | Pre Test | Post Test |
|---|---|---|---|---|---|---|
| | | ***Passed*** | | | | |
| Battery | | | | | | |
| Sealed Lead Acid | 1st East Utility Room FACP | Passed | 5 | 12 | 13.5 | 13 |
| Sealed Lead Acid | 1st East Utility Room FACP | Passed | 5 | 12 | 13.5 | 13 |

# *Inventory & Warranty Report*

*Generated by: BuildingReports.com*

## Building: Beacon: Cottage #2 — Control Panel: 1 - Edwards FS502

*The Inventory & Warranty Report lists each of the devices and items that are included in your Inspection Report. A complete inventory count by device type and category is provided. Items installed within the last 90 days, within the last year, and devices installed for two years or more are grouped together for easy reference.*

| Device or Item | Category | % of Inventory | Quantity |
|---|---|---|---|
| Power Supply | Control | 2.86% | 1 |
| Battery | Control | 8.57% | 3 |
| Control Panel | Control | 2.86% | 1 |
| Special Control | Control | 2.86% | 1 |
| Smoke Detector | Initiating | 45.71% | 16 |
| Heat Detector | Initiating | 5.71% | 2 |
| Horn/Strobe | Indicating | 14.29% | 5 |
| Pull Station | Initiating | 17.14% | 6 |

| Type | Qty | Model # | Description | Install Date |
|---|---|---|---|---|
| ***New (under 90 days)*** | | | | |
| **Power Patrol** | | | | |
| Battery | 2 | SLA1055 | Sealed Lead Acid | 01/10/2011 |
| ***In Service - 1 Year to 2 Years*** | | | | |
| **EST** | | | | |
| Smoke Detector | 8 | EC30U | Photoelectric | 06/03/2009 |
| **System Sensor** | | | | |
| Heat Detector | 1 | 6502 | Fixed Temperature | 06/03/2009 |
| ***In Service - 3 Years to 5 Years*** | | | | |
| **Edwards** | | | | |
| Control Panel | 1 | FS502 | | 01/01/2008 |
| Heat Detector | 1 | EC20FTU-3 PN90701 | Fixed Temperature | 01/01/2008 |
| Horn/Strobe | 5 | 24VDC110CD-W | | 01/01/2008 |
| Pull Station | 6 | AI270ASPO | Single Action | 01/01/2008 |
| Smoke Detector | 8 | EC30U-3 PN90901 | Photoelectric | 01/01/2008 |
| **Omron** | | | | |
| Special Control | 1 | SPDT | Relay | 01/01/2008 |
| **Power Patrol** | | | | |
| Battery | 1 | SLA1055 | Sealed Lead Acid | 01/01/2008 |
| **Schlage** | | | | |
| Power Supply | 1 | 505XEIR | | 01/01/2008 |

CTL

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING

JENNIFER M. GRANHOLM
GOVERNOR

ISMAEL AHMED
DIRECTOR

November 14, 2008

RECEIVED 11-19-08

Beacon Specialized Living Services
555 Railroad Street
Bangor, MI 49013

Re: AM800299049 Fire Safety Approval

The Department is in receipt of your Adult Foster Care application. Facilities to be licensed for 7 or more residents must have three different types of fire safety plan review approvals, (i.e. plan & specifications, fire alarm, if necessary, sprinkler), onsite along with an inspection approval before licensure can be granted.

Enclosed you will find a completed Fire Safety Inspection Request (BCAL-1712), and an Application for Fire Safety Plan Examination (BFS-979) that you must complete. The Department of Labor and Economic Growth, Bureau of Fire Services requires that **both** of these forms be attached to your **sealed and signed** architectural plans of your facility. Attaching all documents together will alleviate their separation and expedite the fire safety approval process.

Please submit your completed Application for Fire Safety Plan Examination (BFS-979), the Fire Safety Inspection Request (BCAL-1712), attached to your **sealed and signed** architectural plans to the following address:

**US MAIL**
Bureau of Fire Services
Plan Review Division
P.O. Box 30700
Lansing, MI 48909
(517) 241-8847

**FED EX/UPS Only**
Bureau of Fire Services
Plan Review Division
300 N. Washington Square
4th Floor
Lansing, MI 48913

Should you have any questions regarding this process, please contact
Office of Children and Adult Licensing
322 East Stockbridge Avenue
Kalamazoo MI 49001
General # (269) 337-5066
FAX: (269) 337-5129

Enc

Fire Safety Inspection Request (BCAL-1712)
Application for Fire Safety Plan Examination (BFS-979)

Department of Licensing and Regulatory Affairs
Bureau of Fire Services
Plan Review Division
P.O. Box 30700
Lansing, MI 48909

| | |
|---|---|
| Authority: 1941 PA 207<br>Completion: Required<br>Penalty: Misdemeanor | The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |

## FIRE SAFETY PLAN REVIEW REPORT

☒ FINAL

☒ ADULT
FOSTER CARE
7-12

| ARCHITECT/ENGINEER | PROJECT DESCRIPTION: | DATE |
|---|---|---|
| Dawn Holtrop<br>DMH Architecture<br>2126 Swenberg NE<br>Grand Rapids, MI 49505<br><br>Phone: 616-364-7545 | New AFC capacity of 7-12 | 10/22/15 |
| | FACILITY:<br>Cottage 2<br>56832 48th Avenue<br>Lawrence, MI 49064 | F.S. PROJECT NO.<br>145222 |
| | COUNTY:<br>Van Buren | JOB NO.<br>--- |

The plans and specifications for the above project have been reviewed for compliance with the applicable FIRE SAFETY RULES.
The review does not reflect structural or engineering matters outside the matter of fire safety.
Field inspection approval will be required before occupancy.

☐ Approved ☒ Approved contingent upon compliance with following: ☐ Not approved for the reasons listed:

PLEASE REFERENCE OUR NUMBER **145222** ON FUTURE CORRESPONDENCE, ADDENDA, BLUEPRINTS, ETC., CONCERNING THIS PROJECT, AND NOTIFY ANY OTHER ARCHITECT/ENGINEER, COMPANY, SUB-CONTRACTOR, ETC. INVOLVED.

THE SUBMITTED DOCUMENTS HAVE BEEN REVIEWED FOR COMPLIANCE WITH THE 2012 ADULT FOSTER CARE FACILITIES FIRE SAFETY RULES FOR ADULT FOSTER CARE SMALL GROUP HOMES, CAPACITY 7-12 ADULTS. THE 2012 ADULT FOSTER CARE FACILTIIES FIRE SAFETY RULES ADOPT, WITH AMENDMENTS, THE 2006 EDITION OF NFPA 101 CHAPTER 32 AND OTHER APPLICABLE CHAPTERS.

**Note: This project consists of an existing family home size 1 – 6 expanding their license to a capacity of 7 – 12. The facility is reviewed as new and shall be fully suppressed.**

1. A person may occupy a building or portions of a building during construction, repair, alterations, or additions only if all means of egress and all fire protection features in the building and on-site are in place and continuously maintained for the part occupied and if the occupied portion is separated from the part under construction by a wall that has a 1-hour fire resistance rating. The temporary 1-hour fire resistive wall that is used for this purpose may be constructed of combustible material. Instead of having all means of egress and fire protection features in place, the adult foster care facility may take other measures that would provide equivalent safety if approved by the Bureau of Fire Services. Rule 108; 4.6.10.1

2. Facilities housing residents who regularly require wheelchairs shall be equipped with ramps located at the required means of escape. Ramps shall be in compliance with Section 7.2.5 of the Code. Rule 108; 7.1.7.2.5

3. Electrical inspection shall be made by an electrical inspecting authority acceptable to the Bureau of Fire Services. The authority shall issue a final certificate of compliance covering the installation. Rule 108; 9.1.2.2

4. Every facility shall have the address number displayed in a position easily observable and readable from the public right-of-way. All numbers shall be in Arabic numerals at least 3 inches high and ½ inch stroke minimum. Rule 111.

5. A basement shall not be used as a resident bedroom, unless it meets the definition of a "story above grade". Refer to Rule 201, 32.6.1.

6. A basement that is used for resident activities shall have 2 remotely located means of escape separated by not less than 50% of the longest dimension of the floor, as practical. One of the means of escape shall exit directly to the outside at grade. The second means of escape may be the interior stairway that serves the first floor of the facility. Refer to Rule 201, 32.6.2.

7. Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. Seasonal obstructions such as ice and snow shall not impede safe passage away from the facility to a point of safety.

8. Fireplaces are prohibited with the exception of sealed, properly vented, UL listed open-flame appliances or permanently installed UL listed electric fireplaces that are installed according to manufacturer's specifications. Existing fireplaces shall be sealed off and made inoperable. Rule 201, 32.2.5.2.4.

9. Interior wall and ceiling finish materials shall comply with Section 10.2. 32.2.3.3.2.

10. Interior floor finish shall comply with Section 10.2. 32.2.3.3.3.1.

11. A door opening to a means of escape shall not be less than 32 inches clear width. Rule 201, 32.2.2.5.1

12. Hazardous areas shall be protected in accordance with Section 32.2.3.2. Rule 201. **Special attention to Mechanical rooms. Verify compliance. If these rooms have a boiler or fuel-fire heaters then they are required to have 1-hour fire rated separation including 45 minute fire rated doors.**

13. Fire barriers shall be continuous from the floor to the bottom of the roof deck or to the bottom of an interstitial space if the construction assembly forming the bottom of the interstitial space has a fire resistance rating not less than that of the fire barrier. Refer to Section 8.2.2.3 (2).

14. Corridor walls shall be constructed as smoke partitions. 32.2.3.6.2

15. Doors shall be provided with latches or other mechanisms suitable for keeping the doors closed. 32.2.3.6.4.

16. Heating, ventilating, and air conditioning equipment shall comply with 9.2.1 and 9.2.2 unless otherwise required in chapter 32.

17. **Shop drawings for the required fire alarm and automatic sprinkler systems shall be submitted by a firm certified under Act 144. Refer to Rule 110.**

18. Heating, ventilating, and air conditioning equipment shall comply with Sections 9.2.1 and 9.2.2 unless otherwise required in Chapter 32.

19. **Requests may be sent in writing to the Bureau of Fire Services, P.O. Box 30700, Lansing MI 48909, via email to BFSInspectionRequest@michigan.gov or via fax at 517.332.1427 Reference project name and BFS project number and submit the request at least four weeks prior to the desired inspection date.**

20. If you have any questions concerning this review, please contact me at 517-241-0827

Brian Byelich
Plan Review Division
Bureau of Fire Services

BB/ns
cc: Lawrence Township Fire Department
OCAL

FS-12A (08/06)
Department of Licensing and Regulatory Affairs
Bureau of Fire Services
P.O. Box 30700
Lansing, MI 48909
Phone: 517-241-8847

# 299049

| F.S. USE ONLY | F.S. PROJECT 145222 |
|---|---|
| JOB NO. 532.A26 | CERT. NO. 140 |

## PLAN REVIEW / DOCUMENTATION
## FIRE SUPPRESSION SYSTEM INSTALLATION

Facility Name: Beacon – Cottage 2
Date of Plan Review: 11/10/15
Address: Street, City, State, ZIP: 56832 48th Ave., Lawrence, MI 49064
County: Van Buren
Facility Type: Adult Foster Care (7-12)
System Type: Sprinkler
System: ☐ New ☒ Modification
Project Description: Document existing system
Architect/Engineer/Certified Firm: BL Harroun & Son Inc.
Telephone: 269-345-8657
Address: Street, City, State, ZIP: 1018 Staples Ave., Kalamazoo, MI 49007
Fax:

☒ Approved contingent upon compliance with the following: ☐ Not approved for the reasons listed below:

PLEASE REFERENCE OUR NUMBER **145222** ON FUTURE CORRESPONDENCE, ADDENDA, BLUEPRINTS, ETC., CONCERNING THIS PROJECT, AND NOTIFY ANY OTHER ARCHITECT/ENGINEER, COMPANY, SUB-CONTRACTOR, ETC. INVOLVED.

THE SUBMITTED DOCUMENTS HAVE BEEN REVIEWED FOR COMPLIANCE WITH THE 1994 ADULT FOSTER CARE FACILITIES FIRE SAFETY RULES FOR ADULT FOSTER CARE SMALL GROUP HOMES, CAPACITY 7-12 ADULTS, ADULT FOSTER CARE LARGE GROUP HOMES, CAPACITY 13-20 ADULTS OR CONGREGATE CARE FACILITIES 21 OR MORE ADULTS.

OTHER LAWS, CODES AND RULES TO BE CONSIDERED ARE PUBLIC ACT 218 OF 1979, AND NFPA PAMPHLETS 13, 13D, 13R, 14, 20, 22, ETC., AS REFERENCED BY THE RULES. The **2002 Edition of NFPA 13D** was used for this report.

**SYSTEM DOCUMENTATION**

*I certify the system has been installed in accordance with Sections 1 to 25 of 1941 PA 207, as amended (MCL 29.1 - 29.25) and R29.2801 to 29.2814 of the rules promulgated pursuant to the act.*

Certified Firm & Address: Street, City, State, ZIP
Phone:
Fax:

Qualifying Person (type or print) — Signature & Date

Responsible Person (type or print) — Signature & Date

**PLAN REVIEW DIVISION USE ONLY:**

| Amt. of Fee Rec'd. | Date Rec'd. | Check No. | Certification No. |
|---|---|---|---|
| | | | |

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Authority: PA207 of 1941, as amended
Completion: Required
Penalty: Decertification of the firm

**DISTRIBUTION**
Firm: Return signed copy with $40 to the Plan Review Division at the address at the top of the form.
Plan Review Division: Retain original, copy to firm and building owner (after inspection by field office, they retain a copy, send original to the office).

# Re: Cottage 2 license expansion

Melissa Williams <MWilliams@beaconserv.org>

Tue 9/8/2015 11:31 AM

To:Peggy Harden <PHarden@beaconserv.org>;

She is on it!!

Melissa Williams
Operations Director
Beacon Spec. Living Services

On Sep 8, 2015, at 8:31 AM, Peggy Harden <PHarden@beaconserv.org> wrote:

Good Morning Melissa,

Randy had to hand deliver plans to the Fire Marshall last week. He was told that they will need a BCAL 1712, which I believe needs to come from our Licensing Consultant. Is Karen Hodge the Licensing Consultant now for Cottage 2? If so, do you want to contact her to see if it is something she needs to send to the Fire Marshall or do you want me to? If she is not the Licensing Consultant, do we know for sure who is?

Thank you,

Peggy

**Peggy S. Harden**
Executive Assistant
Beacon Specialized Living Services, Inc.
555 Railroad Street, P.O.Box 69
Bangor, MI 49013
Office: (269) 427-8400
Fax: (269) 427-6027
e-mail: pharden@beaconserv.org

# Fwd: Re: Cottage Two - Construction Plans / Specs

Randy Pitcher <RPitcher@beaconserv.org>

Thu 9/3/2015 9:47 AM

To:Peggy Harden <PHarden@beaconserv.org>;

Talk to Melissa

*Sent from my Verizon Wireless 4G LTE DROID*
---------- Forwarded message ----------
From: Dawn Holtrop <dmharch@sbcglobal.net>
Date: Sep 3, 2015 9:11 AM
Subject: Re: Cottage Two - Construction Plans / Specs
To: "Hector, Rodger (LARA)" <HectorR1@michigan.gov>
Cc: Randy Pitcher <RPitcher@beaconserv.org>

Hello Rodger,

Would you send us a copy of this form? I searched your website, but was not able to find it.

Thank you,

Dawn M Holtrop, NCARB, LEED AP ID+C
DMH Architecture
2126 Swensberg Ave. NE
Grand Rapids, MI 49505
616-364-7545 office
616-318-8775 cell

On 9/3/2015 8:10 AM, Hector, Rodger (LARA) wrote:

> Good Morning Dawn,
>
> I received your application and plans for Cottage Two located at 56832 48th Ave in Lawrence. Since it is an Adult Foster Care Facility, I do need a copy of your BCAL1712 before I can process the application.
>
> If you have any questions, do not hesitate to ask.
>
> Thank you,
>
> Rodger Hector
> Student Assistant, Fire Services Division
> Bureau of Fire Services
> 3101 Technology Blvd., Suite H
> Lansing MI 48910
> Phone 517-373-7981
> Fax 517-332-1427

# C2 Submittal.

Randy Pitcher <RPitcher@beaconserv.org>

Thu 9/3/2015 7:52 AM

To:Ken Ratzlaff <Ken.Ratzlaff@beaconserv.org>; Peggy Harden <PHarden@beaconserv.org>; Nathan Ratzlaff <Nathan.Ratzlaff@beaconserv.org>;

1 attachment

C2 FM Recipt.PDF;

Attached is the copy of the application for C2 expansion that I hand delivered to the Fire Marshall yesterday. The Sprinkler plans have also been submitted.

Randy Pitcher
Facilities Manager
Beacon Specialized Living Services
269-427-5140 Office
269-214-0480 Cell

RECEIVED
SEP 02 2015
BUREAU OF FIRE SERVICES

# Application for Fire Safety Plan Examination

Michigan Department of Licensing and Regulatory Affairs
Bureau of Fire Services
Plan Review Division
P.O. Box 30700
Lansing, MI 48909
(517) 241-8847

253/257

Agency Use Only
PROJECT #

Authority: 1941 PA 207
Completion: Voluntary
Penalty: Project will not be reviewed

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Note: The architect / engineer / certified firm is responsible for all fees applicable to this application.**

## Project Description

**Facility Name:** Cottage Two
**Street/Site Address:** 56832 48th Ave.
**Fire Department (REQUIRED):** Lawrence
**City or village in which facility is located:** ☐ City ☒ Village Of: Lawrence
**County:** Van Buren
**Zip Code:** 49064
**Estimated Project Cost (REQUIRED):** (All Facilities - See Back) 45,000.00
**Fee Submitted:**
**Project Description (Type of work; Addition, Renovation, HVAC, etc. Location of Work; Floor, Wing, etc. BE SPECIFIC):**
Addition added to existing 6 bed AFC to expand license to an 8 bed facility.

### Review Requested

- ☒ Construction Plans / Specs
- ☐ Consultation
- ☐ *Addendum / Bulletin # _____
- ☐ *Modification Request
- ☐ Fire Alarm (specify below)
  - ☐ Door Locking
- ☐ *Hood Suppression (specify below)
- ☐ Sprinkler (specify below)
- ☐ Clean Agent (specify below)
- ☐ Site Plan ($155.00 Fee)

- ☒ NOT related to a current FS project
- ☐ Related to existing FS project # _____

* See back - Miscellaneous Instructions

### Facility / Project to be Reviewed

**Review/Inspection Fee REQUIRED ****

- ☐ College / University (253)
- ☐ Dormitory (253)
- ☐ FSOF (257)
- ☐ Hospital (257)
  - ☐ Mobile Healthcare Unit
  - Serial # _____
  - ☐ Phased
- ☐ Hospital within a Hospital (257)
- ☐ Hospice Residence (257)
- ☐ Schools/Charter (253)
- ☐ Penal Institutions **

**Review/Inspection Fee NOT Required**

- ☒ Adult Foster Care
  - ☒ 7-12
  - ☐ 13-20
  - ☐ Change of Licensee
- ☐ Home for the Aged
- ☐ Nursing Home
  - ☐ Phased

** See back - Fee Schedule & Phasing Project

### Building Data

Original Year Constucted: 2001
Your AIA/PE Job #: _____
No. of Stories (including basement) 2
Sprinklers: ☒ Completely ☐ Partially ☐ None
This Submittal:
☒ Addition ☐ New Building
☐ Conversion ☐ Remodeling/ Alteration
Square Footage -New Work 875
Square Footage -Existing 2115
*Type of Construction (per NFPA 220):
V(000)

## Facility Contact Person

**Name:** Randy Pitcher ( Facilities Director
**Telephone (Including Area Code):** 269-214-0480

## Architect / Engineer / Certified Firm

**Name (Licensed Individual):** Dawn Holtrop
**License No. / Act 144 Cert. No.:** 38448
**E-Mail Address (REQUIRED):** dawn@dmharch.com
**Name of Company:** DMH Architecture
**Address:** 2126 Swensberg NE
**City:** Grand Rapids
**State:** MI
**Zip Code:** 49505
**Telephone (Including Area Code):** 616-364-7545
**Fax (Including Area Code):** 616-364-7545

BFS-979 (5/14) Front

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Septic Tank Systems Co. Inc.
5946 - 124th Ave
Fennville, MI 49408

PHONE (269) 561-2434 FAX (269) 561-2552

| Date | Invoice # |
|---|---|
| 5/18/2009 | 48136 |

Beacon Specialized Services, Inc.
P.O. Box 69
Bangor, MI 49013

Job Location:

| Terms |
|---|
| NET/15 Days |

| Quantity | Description | Price Each | Amount |
|---|---|---|---|
| | JOB: 56832- 48th Ave., Lawrence | | |
| | Septic Tank Cleaning Service: | | |
| 1 | 1500 Gal. Septic Tank C2 | 275.00 | 275.00 |
| 1 | 1000 Gal. Septic Tank | 225.00 | 225.00 |
| 2 | Labor Uncovering Tanks | 25.00 | 50.00 |
| | JOB: 56838- 48th Ave., Lawrence | | |
| | Septic Tank Cleaning Service: C3 | | |
| 1 | 1500 Gal. Septic Tank | 275.00 | 275.00 |
| | JOB: 56844- 48th Ave., Lawrence | | |
| | Septic Tank Cleaning Service: | | |
| 1 | 1500 Gal. Septic Tank C1 | 275.00 | 275.00 |
| 1 | 1000 Gal. Septic Tank | 225.00 | 225.00 |
| 2 | Labor Uncovering Tanks | 25.00 | 50.00 |
| | | Sales Tax (6.0%) | $0.00 |
| | | **Total** | $1,375.00 |

ENVIRONMENTAL HEALTH INSPECTION REPORT

Michigan Department of Human Services
Bureau of Children and Adult Licensing

| Name of Facility: Cottage II | License Number: AS800095868 |
|---|---|
| Address of Facility: 56832 48th Avenue | Type of Facility: Adult Small Group Home (1-6) |
| City: Lawrence State: MI Zip: 49064 | Have there been any major changes to buildings and grounds since the last inspection? ☐ No ☐ Yes > If yes, describe below |
| Describe major changes to buildings and ground since last inspection: | |

**For AFC Family and Small Group Homes (6 or less residents), Child Care Family Homes and Group Homes, CWL Foster Family/Group Homes: Complete Sections 1 and 2. All other inspections: Complete all sections:**

## Section 1 – Water Supply System

Is a municipal water supply system available? ☐ Yes ■ No If yes, is it utilized? ☐ Yes ☐ No

Is the private well construction, location and maintenance satisfactory? ■ Yes ☐ Unable to Determine ☐ No (Explain)

| Bacteriological: ☐ Detected ■ Not Detected | Date Sampled: April 28, 2009 | Chemical Analysis (When necessary) |
|---|---|---|

| CHEMICAL TYPE | DATE SAMPLED | CONCENTRATION | RECOMMEDED LIMITS |
|---|---|---|---|
| Nitrates (No3) | April 28, 2009 | Not detected PPM | 10 PPM |
| Nitrites (No3) | April 28, 2009 | Not detected PPM | 1 PPM |

## Section 2 – Sewage Disposal System

Is a municipal sewage disposal system available? ☐ Yes ■ No If yes, is it utilized? ☐ Yes ☐ No

Is the private septic system construction, location and maintenance satisfactory? ■ Yes ☐ Unable to Determine ☐ No (Explain)

### Section 3

Insect and rodent control effective; garbage, rubbish, and solid waste properly collected, stored and removed; Proper screening of doors and windows:

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ■ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

### Section 4

Lighting, ventilation, and temperature satisfactory:

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ■ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

### Section 5

Site, fencing, buildings and other structures and general premises maintained in a clean and safe condition:

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ■ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

### Section 6

Swimming pool, beach, water activities, water hazards, equipment constructed and maintained in a clean and safe condition:

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ■ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

| Name of Facility: Cottage II | License Number: AS800095868 |
|---|---|

**Section 7**

Plumbing properly installed. Toilet and bathing facilities adequate and maintained in a clean and safe condition. Water temperature at accessible fixtures safe:

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ■ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

**Section 8**

Food, beverages, and ice are from approved sources and are properly protected. Utensils and equipment are constructed and maintained in a safe and sanitary condition. Food handling, preparation, display, service and transportation are maintained in a safe and sanitary condition.

**Note: 2000 PA 92, excludes child care organizations regulated under 1973 PA 116, MCL 722.111 to 722.128, as food service establishments. Adult foster care facilities are also excluded under MCL 289.1107 (j) (iii).**

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ■ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

**FINDINGS/RECOMMENDATIONS:**

Please refer to Section Numbers, noting administrative rule number. Describe specific violation and means of correction for any items of non-compliance found during your inspection. Use additional sheets when necessary.

**Recommended Rated (must be completed for ALL inspections):**

| | | |
|---|---|---|
| A. | ■ | This facility has been determined to be in substantial compliance with applicable rules. |
| B. | ☐ | Because of the listed deficiencies, temporary approval is recommended until the next annual inspection report. |
| C. | ☐ | Because of the listed deficiencies, temporary approval is recommended unit _____ (date). |
| D. | ☐ | This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended. |

| | |
|---|---|
| Name of Inspecting Health Agency: Van Buren Co. Health Department | Agency Telephone No (269) 621-3143 |
| Address of Inspection Health Agency: 57418 CR 681, Suite A, Hartford, MI 49057 | Date of Inspection: April 28, 2009 |
| Sanitarian Signature: | Time Spent |
| Printed Name: Brian R. Lint | |
| Facility Representative Signature: | |

| | |
|---|---|
| AUTHORITY: 1973 PA 116<br>COMPLETION: 1979 PA 218<br>PENALTY: Licensee issuance or renewal may be denied | Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression Political beliefs or disability. If you need help with reading, writing Hearing, etc., under the Americans with Disabilities Act, you are Invited to make your needs known to a DHS office in your area. |

# ENVIRONMENTAL HEALTH INSPECTION REPORT

Michigan Department of Human Services
Bureau of Children and Adult Licensing

| Name of Facility | License Number |
|---|---|
| COTTAGE II | AM800299049 |
| **Address of Facility (Number and Street)** | **Type of Facility** |
| 56832 48TH SITE II AVE | DHS-Water & Sewer |

| City | State | Zip Code | Have there been any major changes to building and grounds since the last inspection? ☑ NO ☐ YES ▶ If yes, describe below |
|---|---|---|---|
| LAWRENCE | MI | 49064 | |

Describe major changes to buildings and grounds since last inspection.

**For AFC Family and Small Group Homes (6 or less residents), Child Care Family Homes and Group Homes, CWL Foster Family/Group Homes: Complete Sections 1 and 2. All other inspections: Complete all sections.**

## Section 1 - Water Supply System

Is a municipal water supply system available? ☐ YES ☑ NO if yes, is it utilized? ☐ YES ☐ NO

Is the private well construction, location and maintenance satisfactory? ☑ YES ☐ UNABLE TO DETERMINE ☐ NO (Explain)

Bacteriological Analysis: ☐ DETECTED ☑ NOT DETECTED | Date Sampled: 05/12/2016 | Chemical Analysis (When necessary)

| Chemical Type | Date Sampled | Level Detected | Recommended Level |
|---|---|---|---|
| Bacti | 05/12/2016 | 0 PPM | 0 PPM |
| Nitrates | 05/12/2016 | 0 PPM | 0 PPM |
| Nitrites | 05/12/2016 | 0 PPM | 0 PPM |

## Section 2 - Sewage Disposal System

Is a municipal sewage disposal system available? ☐ YES ☑ NO if yes, is it utilized? ☐ YES ☐ NO

Is the private septic system construction, location and maintenance satisfactory? ☑ YES ☐ UNABLE TO DETERMINE ☐ NO (Explain)

## Section 3

Insect and rodent control effective; garbage, rubbish, and solid waste properly collected, stored and removed; Proper screening of doors and windows.

☑ COMPLIANCE ☐ UNABLE TO DETERMINE ☐ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

## Section 4

Lighting, ventilation, and temperature satisfactory.

☑ COMPLIANCE ☐ UNABLE TO DETERMINE ☐ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

## Section 5

Site, fencing, buildings and other structures and general premises maintained in.a clean and safe condition.

☑ COMPLIANCE ☐ UNABLE TO DETERMINE ☐ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

## Section 6

Swimming pool, beach, water activities, water hazards, equipment constructed and maintained in a clean and safe condition.

☐ COMPLIANCE ☐ UNABLE TO DETERMINE ☑ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

## Section 7

Plumbing properly installed. Toilet and bathing facilities adequate and maintained in a clean and safe condition. Water temperature at accessible fixtures safe.

☑ COMPLIANCE ☐ UNABLE TO DETERMINE ☐ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

| Name of Facility | nse Number |
|---|---|
| COTTAGE II | M800299049 |

**Section 8**

Food, beverages, and ice are from approved sources and are properly protected. Utensils and equipment are constructed and maintained in a safe and sanitary condition. Food handling, preparation, display, service and transportation are maintained in a safe and sanitary condition.

**Note: 2000 PA 92, excludes child care organizations regulated under 1973 PA 116, MCL 722.111 to 722.128, as food service establishments. Adult foster care facilities are also excluded under MCL 289.1107(j)(iii).**

☑ COMPLIANCE ☐ UNABLE TO DETERMINE ☐ NOT APPLICABLE ☐ NON COMPLIANCE (Explain)

## Findings/Recommendations

Please refer to Section Numbers, noting administrative rule number. Describe specific violation and means of correction for any items of non-compliance found during your inspection. Use additional sheets when necessary.

**Recommended Rating (must be completed for ALL inspections):**

A. ☑ This facility has been determined to be in substantial compliance with applicable rules.
B. ☐ Because of the listed deficiencies, temporary approval is recommended until the next annual inspection or report.
C. ☐ Because of the listed deficiencies, temporary approval is recommended until _____ (date).
D. ☐ This facility has been determined to be in substantial non-compliance with applicable rules. Approval is not recommended.

| Name of Inspecting Health Agency | |
|---|---|
| VAN BUREN DISTRICT HEALTH DEPARTMENT | |
| Address of Inspecting Health Agency<br>57418 CR 681 | Agency Telephone Number<br>269-621-3143 |
| Sanitarian Signature<br>George L. Friday | Date of Inspection<br>05/12/2016 |
| Printed Name<br>George Friday | |
| Facility Representative Signature | |

| | |
|---|---|
| AUTHORITY: 1973 PA 116<br>COMPLETION: 1979 PA 218<br>PENALTY: Licensee issuance or renewal may be denied | Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area. |

# Environmental Health Inspection Request

Michigan Department of Human Services
Office of Children and Adult Licensing

Invoice No : 1025610
License Number : AM800299049
Report Due Date : 05/01/2016
Capacity : 12

**HEALTH INSPECTION AGENCY :**
Name : VAN BUREN/CASS COUNTY DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIRECTOR
Address : 57418 COUNTY ROAD 681 SUITE A
HARTFORD,MI 49057

**INSPECTION:**
Facility Type : ADULT MEDIUM GROUP HOME (CAPACITY 7-12)
Type : Full Inspection - Use BRS-1788

Inspection Reason : New Application
Previous Inspection Date :
Rating :

**ORGANIZATION :**
Facility : Cottage II
Organization : Beacon Specialized Living Services, Inc.
Street Address : 56832 48th Avenue
City, State, Zip : Lawrence, MI 49064
Phone1 : (269)427-8400 Phone2 : (269)427-8400
County : Van Buren

**SEND A COPY OF REPORT TO :**
Kenneth Tindall
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269)615-5190

tindallk@michigan.gov

**REQUEST FOR INSPECTION**

The Department of Consumer and Industry Services authorizes the health inspection requested for the facility listed. Upon the Department's receipt of a properly completed inspection report, payment will be processed by the Department.

Signature of Licensing Consultant Kenneth Tindall Date 4-11-16

Inspection fee amount $ 125.00 VOID.

(To Be Completed By Health Inspection Agency)

A properly completed inspection report as requested has been received.

Signature of Licensing Consultant Ken Tindall Date 5-18-16

USPS TRACKING # & CUSTOMER RECEIPT LABEL (ROLL) 9114 9012 3080 1638 3431 70 For Tracking or inquiries go to USPS.com or call 1-800-222-1811.

| | |
|---|---|
| Authority: Public Act 218 of 1979, as Amended and Public Act 116 of 1973, as Amended | The Michigan Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national, origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency. |
| COMPLETION: Voluntary | NON-COMPLETION: No license will be issued |