



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



JENNIFER M. GRANHOLM  
GOVERNOR

ISMAEL AHMED  
DIRECTOR

February 25, 2009

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

RE: Application #: AS700297560  
Trolley Center  
320 64th Ave. North  
Coopersville, MI 49404

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 4 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

Leon M. Hale, Licensing Consultant  
Bureau of Children and Adult Licensing  
Unit 13, 7th Floor  
350 Ottawa Avenue, N.W.  
Grand Rapids, MI 49503-2337  
Desk: (616) 356-0111

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS700297560

**Applicant Name:** Beacon Specialized Living Services, Inc.

**Applicant Address:** 555 Railroad Street  
Bangor, MI 49013

**Applicant Telephone #:** (269) 427-8400

**Administrator/Licensee Designee:** Ken Ratzlaff, Designee

**Name of Facility:** Trolley Center

**Facility Address:** 320 64th Ave. North  
Coopersville, MI 49404

**Facility Telephone #:** (616) 384-3141

**Application Date:** 08/11/2008

**Capacity:** 4

**Program Type:** MENTALLY ILL  
DEVELOPMENTALLY DISABLED  
AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

08/11/2008	Enrollment
08/14/2008	Application Incomplete Letter Sent
08/26/2008	Application Complete/On-site Needed
08/28/2008	Comment Application received in Grand Rapids
08/29/2008	Application Incomplete Letter Sent
09/24/2008	Contact - Document Received
10/07/2008	Application Incomplete Letter Sent
11/12/2008	Contact - Document Received
11/17/2008	Application Incomplete Letter Sent
01/07/2009	Inspection Completed On-site
01/07/2009	Inspection Completed-BFS Sub. Compliance
01/07/2009	Application Incomplete Letter Sent
01/20/2009	Contact - Document Received
01/22/2009	Application Incomplete Letter Sent
02/19/2009	Contact - Document Received From Licensee designee, Ken Ratzlaff.
02/19/2009	Inspection Completed-BFS Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### **A. Physical Description of Facility**

This is a 4 bedroom, ranch style home located in a residential area with public water and sewage system. All bedrooms, bathrooms, combined dining room/living room, and kitchen are on the main floor, as there is no basement or second floor. The house is of wood construction with vinyl siding. The sides and back yard are enclosed by a fence, with a gate located at one of the side fences. There are two gradual inclined cement pads that allow for wheelchair access to facility egress doors. One full bathroom is available for resident use and a half bath is available for staff use.

The furnace and hot water heater are located in the same room on the main floor but the only door to this area is located outside. The heat plant room is fully enclosed in drywall to provide a 1-hour-fire resistance rating. The facility is equipped with an interconnected hardwire smoke detection system, which is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	8'11" x 11'6" minus 3.5" x 2"	95.58	1
2	8'10.5" x 11'6"- minus 3.5" x 2"	94.60	1
3	11'6" x 8'10" minus 3.5" x 2"	94.54	1
4	11'6" x 9'1" minus 3.5" x 2"	97.42	1

The dining/living room area has 279 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 **four (4)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

### **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **four (4)** male or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred primarily from Ottawa and Muskegon County CMH.

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 intends to apply for special certification status.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Beacon Specialized Living Services, Inc., which is a “For Profit Corporation”, was established in Michigan, on 05/21/1998. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Beacon Specialized Living Services Inc., have submitted documentation appointing Ken Ratzlaff as Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee/administrator. The licensee designee/administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

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

The staffing pattern for the original license of this 4-bed facility is adequate and includes a minimum of 1 staff –to-4 residents per shift. All staff will be awake during resident sleeping hours.

The applicant acknowledges an understanding of the training and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

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

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

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

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

**VI. RECOMMENDATION:**

I recommend issuance of a six-month, temporary license to this adult foster care small group home (capacity 1-4).



02/25/2009

Leon M. Hale  
Licensing Consultant

Date

Approved By:



02/25/2009

Christopher J. Hibbler  
Area Manager

Date