



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

July 12, 2017

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

RE: Application #: AL110383074
Beacon Springs - West
6418 Deans Hill Road
Berrien Center, MI 49013

Dear Ms. Williams:

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 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9720.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Hodge".

Karen Hodge, Licensing Consultant
Bureau of Community and Health Systems
401 Eighth Street
P.O. Box 1407
Benton Harbor, MI 49023
(269) 363-1742

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL110383074
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	555 Railroad Street Bangor, MI 49013
Licensee Telephone #:	(269) 427-8400
Administrator/Licensee Designee:	Melissa Williams
Name of Facility:	Beacon Springs - West
Facility Address:	6418 Deans Hill Road Berrien Center, MI 49013
Facility Telephone #:	(269) 427-8400
Application Date:	06/03/2016
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/03/2016	On-Line Enrollment
06/09/2016	Inspection Report Requested - Health Inv. #1025847
06/09/2016	Inspection Report Requested - Fire
06/09/2016	Contact - Document Received Fire Safety String
06/09/2016	Contact - Document Sent Rules & Act booklets
10/12/2016	Application Incomplete Letter Sent
06/07/2017	Inspection Completed-Fire Safety : A
06/15/2017	Inspection Completed On-site
06/15/2017	Inspection Completed-BCAL Full Compliance
07/03/2017	Application Complete/On-site Needed

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Springs-West is a single-story building with masonry exterior and plaster interior. The home is in a rural area of Berrien Center, in Berrien Township, and is owned by Lakeland Regional Health System, leased to Beacon Specialized Living Services, Inc. The home has been fully remodeled from a former long-term care center. There is a separate facility attached at one end but they are separated by two-hour fire-rated doors; exit and entry is by an electronic coded keypad available only to staff members. The home has twenty bedrooms for single occupancy, each with a private bathroom and two barrier-free bathrooms for shared use. There is a very large combination dayroom/dining area and two additional day rooms/activity rooms, each with a bathroom, for resident use. The home has a large, fully equipped kitchen which provides ample space for the safe preparation of meals and food storage for twenty. The home is wheelchair accessible and has three approved means of egress from the first floor at grade onto concrete. The exit doors are equipped with a delayed-egress system with alarms for resident security. The home utilizes non-community well water, which is a Type I system, which is inspected and approved by the state of Michigan. The home has a public sewage system and weekly, contracted garbage removal. The Michigan Bureau of Fire Services inspected architectural plans and the building and gave full approval.

The home is heated by a water boiler system which is located in an area outside of the licensed portion of the facility. The water heater is also located outside of the licensed part of the building and equipment is maintained by the owner of the building, Lakeland Regional Health System. Resident bedrooms have individual thermostat controls. There is a large laundry area which is properly enclosed in a one-hour fire-rated room with a 1 $\frac{3}{4}$ " solid core door with automatic closure. The facility is equipped with an interconnected, hardwire smoke detection and alarm system, with battery back-up, which was approved by the Bureau of Fire Services and installed by an Act 144 certified company and is fully operational. The facility is also equipped with an approved pull station alarm system and an approved sprinkler system is installed throughout.

There are twenty resident bedrooms which each provide 412SF of space, each for individual occupancy. Each resident bedroom exceeds the 65 square feet per person requirement. Each resident bedroom has a private bathroom with a shower. In addition, there are two bathrooms for shared use that have wheel-in accessible showers and are designed for assisted showering.

The combined living/dining room and additional day room areas measure a total of 2,401 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement. The facility also has storage areas, a staff room, a staff office, and a locked medication room which are in addition to the above stated resident areas. The home allows outdoor smoking and has a large outdoor area that is secured with fencing and a coded gate.

Based on the above information, it is concluded that this facility can accommodate **twenty (20)** 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 and are contained in a corporate file for Beacon Services. The applicant intends to provide 24-hour supervision, protection and personal care to twenty (20) male or female adults who are eighteen years of age and older with a diagnosis of mental illness, developmental disability, and physical disability 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 development needs. The applicant intends to accept residents from multiple community mental health agencies as a referral source and intends to enter contractual relationships for placement, in addition to accepting the state-approved rate for room and board. The corporation will be submitting an application for Special Certification for persons with mental illness and developmental disabilities.

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

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment and activities.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., which is a For-Profit Corporation which was established in Michigan on 05/12/1998. 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.

Beacon Specialized Living Services, Inc. owns and operates twenty-one other licensed facilities in the state of Michigan which provide similar programs and services to the intended population. The Board of Directors of Beacon Specialized Living Services, Inc. has submitted documentation appointing Melissa Williams as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. Williams. 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. Ms. Williams has worked for Beacon Specialized Living Services, Inc. since 1999 in various capacities including as direct care staff, site supervisor, recipient rights advisor, regional operations manager and operations director all while serving individuals with mental illness, developmental disabilities, physical disabilities and traumatic brain injuries. Ms. Williams is certified as a CPI instructor and as a group home administrator, in addition to maintaining required licensing training as a licensee designee and training required by Recipient Rights contracts.

The staffing pattern for the original license of this twenty-bed facility is adequate and includes a minimum of one-staff-to-four residents per shift (four direct care staff and one direct care staff lead). The applicant acknowledges that the staff-to-resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours with a staff ratio of one-staff-to-four residents. In addition to four direct care staff per shift, there will also be a medication administrator, cook, a lead staff, a nurse, manager, and an assistant manager on shift during the week day and four staff at night. During the weekends, in addition to the direct care staff and lead, the facility provides on-call support from management and nursing staff.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

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

The applicant 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. In addition, Beacon Specialized Living Services, Inc., has demonstrated compliance in prior facilities.

Ms. Williams 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.

Beacon Specialized Living Services, Inc., 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.

Ms. Williams 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.

Beacon Specialized Living Services, Inc., 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.

Beacon Specialized Living Services, Inc., 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.

Ms. Williams 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.

Ms. Williams 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.

Ms. Williams 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.

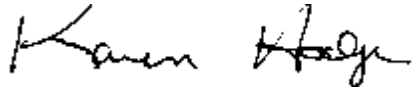
Beacon Specialized Living Services, Inc., acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period. Beacon Springs - West was in full compliance at the time of the on-site inspection.

RECOMMENDATION

I recommend issuance of a six-month temporary license for this Adult Foster Care Large Group Home with a capacity of twenty (20) residents.

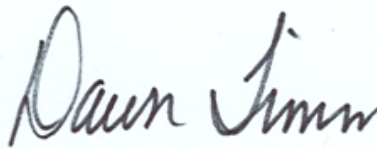


07/05/2017

Karen Hodge
Licensing Consultant

Date

Approved By:



07/12/2017

Dawn N. Timm
Area Manager

Date