



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 10, 2017

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

RE: Application #: AS630387850  
Beacon Home at County Line  
10750 County Line Road  
Ortonville, MI 48462

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 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay".

Kristen Donnay, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2783

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License Application #:</b>	AS630387850
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	890 N. 10th St. Suite 110 Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Administrator/Licensee Designee:</b>	Melissa Williams
<b>Name of Facility:</b>	Beacon Home at County Line
<b>Facility Address:</b>	10750 County Line Road Ortonville, MI 48462
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Application Date:</b>	04/10/2017
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

04/10/2017	On-Line Enrollment
04/14/2017	Inspection Report Requested - Health Inv. #1026858
04/14/2017	Contact - Document Sent Rule & Act booklets
04/14/2017	Application Incomplete Letter Sent App; rec clearance for Kenny, Melissa, & Douglas (Admin)
05/12/2017	File Transferred To Field Office Pontiac.
05/17/2017	Contact - Document Received Licensing file received from Lansing
06/20/2017	Inspection Completed-Env. Health : A
08/02/2017	Application Incomplete Letter Sent
08/03/2017	Contact - Document Received Permission to inspect, lease agreement
08/04/2017	Contact - Document Received Admission/discharge policy, program statement, budget
08/24/2017	Application Incomplete Letter Sent Updated medical clearance, standard procedures, administrator qualifications
08/24/2017	Contact - Document Received Request to change facility name and administrator, floor plans
08/30/2017	Inspection Completed On-site
08/30/2017	Inspection Completed-BCAL Full Compliance
09/01/2017	Contact - Document Received Medical clearance for licensee designee
09/14/2017	Contact - Document Received Position descriptions, policy, standard procedures
09/14/2017	Application complete/On-site needed

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules and Regulations applicable to the licensure of small group facilities (1-6), licensed or proposed to be licensed after 05/24/1994.

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

Beacon Home at County Line is a large, one story ranch type home with a full basement located at 10750 County Line Rd., Ortonville, MI. The facility is a wood frame construction with brick and vinyl exterior trim. The first floor of the home consists of a living room, dining room, family room, kitchen, three double occupancy bedrooms, two full bathrooms, and a laundry room. The home has a fourth bedroom that will be used as an office. The facility has an attached two car garage and a driveway that provides adequate off street parking for staff and visitors. The facility is located in a semi-rural area of Ortonville, MI, but is accessible to community based recreational facilities, shopping centers, medical facilities, and places of worship. The Oakland County Sheriff's Department responds to emergency calls from the home.

The furnace and hot water heater are located in the basement with a 1¾ inch solid core door with an automatic self-closing device and positive latching hardware located at the top of the stairs. The facility is equipped with an interconnected, hardwired smoke detection system, with battery backup, which is fully operational. The home has private water and a private sewer system. An environmental health inspection was completed on 06/20/17 by the Oakland County Health Division and the facility was determined to be in substantial compliance with applicable rules.

The bedroom and bathroom doors are equipped with positive latching, non-locking against egress hardware. All three bedrooms have adequate space, bedding, and storage. All of the bedrooms have a chair and mirror. During the onsite inspection, I observed that the home was in substantial compliance with rules pertaining to maintenance and sanitation. The refrigerator and freezer are equipped with thermometers. I measured the water temperature with a digital thermometer and it was between 105-120° F.

The home has two primary means of egress, which lead directly to firm-surfaced, unobstructed ground which allows the occupants to move a safe distance away from the building. The home is qualified for admission of residents who use a wheelchair.

Resident bedrooms were measured during the onsite inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	10.8 x 14.8	159.8	2
2	10.75 x 15.4	165.6	2
3	10.75 x 15.4	165.6	2

**Total capacity: 6**

Resident Living Space	Room Dimensions	Total Square Footage
Living Room	12.75 x 12.25	156.2
Family Room/Dining Room	10.25 x 23.5	240.9

The living room, dining room, and family room areas offer a total of 397.1 square feet of living space, which exceeds the minimum of 35 square feet per resident.

Based on the above information, it is concluded that this facility can accommodate six 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 Beacon Home at County Line were reviewed and accepted as written. Beacon Home at County Line will provide personal care, supervision, and protection, in addition to room and board, on a 24-hour/day schedule, seven days per week for both men and women with developmental disabilities and/or mental illness. The home is wheelchair accessible and can also accommodate individuals with physical impairments. When needed, staff are taught basic sign language to help facilitate communication with hearing impaired individuals. Staff are also taught correct lifting techniques and other basic fundamentals for assisting individuals with physical impairments. The primary goal of Beacon Home at County Line is to assess each resident and to create an individualized treatment plan that works towards moving the individual to the least restrictive environment possible. Beacon Home at County Line will provide assistance with activities of daily living and personal care including medication administration, personal hygiene direction, laundry skills, interpersonal relationship modeling, and cleaning of personal rooms and the household. Beacon Home at County Line will encourage participation in recreational activities, including meal outings, sporting events, and educational activities.

The proposed staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one staff to six residents per shift. The applicant acknowledged that they will ensure the staff to resident ratio is adequate in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs.

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

The applicant is Beacon Specialized Living Services, Inc., which is a “Domestic Profit Corporation”, established in Michigan on 05/12/98. Kenny Ratzlaff is identified as the resident agent for the corporation. The applicant has established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Melissa Williams has been appointed as the licensee designee and administrator of the facility.

Licensing record clearance requests were completed with no LEIN convictions recorded for Ms. Williams. The licensee designee submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

The licensee designee 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. She has many years of experience as a licensee designee and administrator for adult foster care facilities serving the mentally ill, developmentally disabled, and physically handicapped populations. She has held positions with the company as direct care staff, site supervisor, recipient rights advisor, regional operations manager, and operations director.

Ms. Williams acknowledged 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.

Ms. Williams acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Williams acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff who have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Ms. Williams 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.

Ms. Williams acknowledged the 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 licensee designee acknowledged the responsibility to maintain a current employee

record on file in the home for the licensee, administrator, and direct care staff or volunteers and to follow the retention schedule for all of the documents contained within the employee file.

Ms. Williams acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Williams acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Williams acknowledged the 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 acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The licensee designee acknowledged that a separate Resident Funds Part II BCAL-2319 form will be completed 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 residents' personal money transactions that have been agreed to be managed by Beacon Home at County Line.

Ms. Williams acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Williams acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.


Ms. Williams acknowledged the 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 facility has been determined to be in compliance with the applicable administrative rules and the licensing statute, based upon the onsite inspection conducted and the licensee's intent to comply with all administrative rules for a small group home as well as the licensing act, Public Act 218 of 1979, as amended.

#### IV. RECOMMENDATION

I recommend issuance of a six month temporary license to this adult foster care facility, Beacon Home at County Line, with a capacity of six residents.




09/26/17

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



10/10/2017

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Denise Y. Nunn  
Area Manager

Date