



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

January 29, 2018

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

RE: Application #: AM590387872
Beacon Home At The Cottage
1550 E. Colby Road
Stanton, MI 48888

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 12 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 cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AM590387872
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Melissa Williams
Licensee Designee:	Melissa Williams
Name of Facility:	Beacon Home At The Cottage
Facility Address:	1550 E. Colby Road Stanton, MI 48888
Facility Telephone #:	(269) 427-8400 04/11/2017
Application Date:	
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/11/2017	On-Line Enrollment
04/13/2017	Inspection Report Requested - Health Inv. #1026857
04/13/2017	Contact - Document Sent Fire Safety String
04/13/2017	Contact - Document Sent Rule & Act booklets
04/13/2017	Application Incomplete Letter Sent App; rec cl's for Kenny, Melissa, & Douglas (Admin)
05/05/2017	Lic. Unit file referred for background check review Kenny & Melissa - RS
05/09/2017	Contact - Document Received App; rec cl's for Kenny (LD) & Melissa (LD)
05/09/2017	Contact - Document Received E-mail from Peggy Harden, Admin Assistant, Douglas no longer with company
05/16/2017	Application Incomplete Letter Sent
08/08/2017	Contact - Telephone call received From Kevin Kalinowski, inquiring about progress. Informed Mr. K that we needed response to the Application Incomplete Letter.
09/01/2017	SC-Application Received - Original
09/08/2017	Inspection Completed On-site Initial inspection.

09/08/2017	SC-Inspection Completed On-Site
09/08/2017	Inspection Completed-BCAL Full Compliance
09/08/2017	Application Complete/On-site Needed
09/27/2017	Contact - Telephone call received Discussed options given that the EHI rating is less than A due to insufficient capacity of the septic/drain field.
11/30/2017	Inspection Completed-Fire Safety : A
12/15/2017	Inspection Completed-Env. Health : A
12/21/2017	Inspection Report Requested - Health New Septic Installed, Final Approval

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at the Cottage is one of three facilities on the same grounds in rural Stanton in Montcalm County. Several other outbuildings are on the property. The home is a two-story large wood-framed home, with kitchen, dining room, living room, two full bathrooms, five private resident bedrooms and two semi-private resident bedrooms on the ground floor and two private and one semi-private resident bedroom and one full bathroom on the second floor. The home is not barrier free, therefore cannot accept residents who use wheelchairs to assist with mobility.

The home utilizes a private well and private septic system, which were inspected by the District Health Sanitarian and were found to be adequate to serve twelve residents and two staff. Full approval was given on 12/21/07 for twelve residents.

The home has two propane-fueled, forced-air furnaces, one in the basement and one in an enclosed furnace room (with one-hour fire rating and fire-rated door with an automatic self-closing device and positive latching hardware) on the second floor. The water heater and laundry appliances are located in the basement with the furnace. The basement is separated from the remainder of the home through standard construction

floor separation, including a 20-minute fire-rated door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is also fully sprinkled. The facility was inspected on 11/30/2017 and determined by the Bureau of Fire Services to be in full compliance with the applicable fire safety administrative rules.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds Permitted
1 - 1 st floor	13.8' x 11.6'	160 sq. ft.	2
2 - 1 st floor	9.2' x 11.6'	106 sq. ft.	1
3 - 1 st floor	9.6' x 11.6'	111 sq. ft.	1
4 - 1 st floor	9.6' x 12.5'	120 sq. ft.	1
5 - 1 st floor	9.8' x 11.7'	115 sq. ft.	1
6 - 1 st floor	11.2' x 11.7'	131 sq. ft.	1
7 - 1 st floor	20.2' x 11.7'	236 sq. ft.	2
8 - 2 nd floor	9.1' x 11.5'	105 sq. ft.	1
9 - 2 nd fl.	11.1' x 11.5'	129 sq. ft.	1
10 - 2 nd fl.	16.2' x 12.5'	202 sq. ft.	2

The indoor living and dining areas measure a total of 560 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the application, this facility will be licensed for **Twelve (12)** residents ONLY. It is the licensee's responsibility not to exceed the facility's licensed capacity of **Twelve (12)** at any time during the license.

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to twelve (12) male and/or female residents who are mentally ill and developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety and independent living skills; opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept appropriate referrals from Community Mental Health agencies.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local parks, day programs provided through Montcalm Behavioral Health and other programs. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., a “For Profit Corporation” established in Michigan on 5/12/1998. 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.

The Board of Directors of Beacon Specialized Living Services, Inc. has submitted documentation appointing Melissa Williams as licensee designee and administrator for this facility.

A criminal history background checks of the Ms. Williams was completed and she was determined to be of good moral character to provide licensed adult foster care. Ms. Williams also submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Williams has served as licensee designee and administrator for several other facilities and has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The staffing pattern for the original license of this twelve-bed facility is adequate and includes a minimum of two staff for twelve residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant 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.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge(s) 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) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received

medication training and have been determined competent by the licensee designee will 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 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 applicant acknowledged the 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 acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant 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.

The applicant 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.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 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. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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.

IV. RECOMMENDATION

I recommend issuance of a six month temporary license to this AFC adult medium group home with a capacity of **TWELVE (12)** residents.

Bridget Vermeesch

01/29/2018

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

01/29/2018

Dawn N. Timm
Area Manager

Date