



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 8, 2018

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

RE: Application #: AS140393999
Beacon Home At Niles
970 Ruth Layne
Niles, MI 49120

Dear Mrs. 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 (517) 284-9720.

Sincerely,

A handwritten signature in black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
322 E. Stockbridge Ave
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS140393999
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Administrator:	Melissa Williams
Licensee Designee:	Melissa Williams
Name of Facility:	Beacon Home At Niles
Facility Address:	970 Ruth Layne Niles, MI 49120
Facility Telephone #:	(269) 427-8400 05/08/2018
Application Date:	
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED

II. METHODOLOGY

05/08/2018	Enrollment
05/08/2018	Lic. Unit file referred for background check review
05/09/2018	File Transferred To Field Office Lansing
05/09/2018	File Transferred To Field Office Lansing
06/01/2018	Application Incomplete Letter Sent
06/28/2018	Inspection Completed On-site
07/23/2018	Inspection Report Requested - Health
08/22/2018	Inspection Completed-Environmental Health
10/03/2018	Inspection Completed On-Site
10/03/2018	Inspection Completed On-Site Full Compliance

II. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a single-story three-bedroom, brick, ranch style home located in a residential area within the city of Niles. There are numerous restaurants and stores located within three miles of the home. Niles Community Hospital and Niles Community Health Center are located approximately three miles from the home.

The home has a large back and front yard with a two-lane paved driveway and curbside parking available for visitors and staff. All resident bedrooms, bathrooms, combined dining room/living room, and kitchen are located on the main floor, as there is no second floor. One full bathroom is available for resident use and a half bath is available for staff use. This home is not wheelchair accessible. This home utilizes public water and sewage disposal system.

The gas furnace and hot water heater are in the basement which is accessible through the kitchen. The applicant provided documentation the furnace was inspected and in good working condition by a licensed professional on 05/21/2018. A 1 ¾ inch solid core door equipped with an automatic self-closing device and positive latching hardware is installed at the door leading from the kitchen to the basement, thus creating floor

separation. The facility is equipped with an interconnected hardwired smoke detection system, which is fully operational. Smoke detectors are located in all sleeping areas, the basement and in all areas with heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 3 1/8" x 11' 6 23/32"	130.16	2
2	13' 11" x 11' 3"	156.56	2
3	13' 11" x 9' 11"	138.00	2

The indoor living and dining areas measure a total of 558 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate # 6 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 **six** (6) 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 Woodlands CMH.

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 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. The licensee will provide all transportation for program and medical needs. 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., 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 Melissa Williams as Licensee Designee and administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for the licensee designee/administrator Melissa 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. Melissa Williams is currently Licensee Designee and Administrator for other AFC facilities licensed to Beacon Specialized Living Services, Inc., providing services to both the mentally ill and developmentally disabled populations for several years.

The 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. All staff will be awake during resident 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 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) 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 acknowledges 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.

I. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



10/04/2018

Eli DeLeon Date
Licensing Consultant

Approved By:



10/05/2018

Dawn N. Timm Date
Area Manager