



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 9, 2018

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

RE: Application #: AS250395771
Beacon Home at Linden
14180 N. Hogan Road
Linden, MI 48451

Dear Mrs. Eagle:

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 blue ink that reads "Kent W. Gieselman".

Kent W Gieselman, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-1092

enclosure

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

I. IDENTIFYING INFORMATION

License Application #:	AS250395771
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Applicant:	Rebecca Eagle
Administrator:	Rebecca Eagle
Name of Facility:	Beacon Home at Linden
Facility Address:	14180 N. Hogan Road Linden, MI 48451
Facility Telephone #:	(269) 427-8400
Application Date:	08/13/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

08/13/2018	Enrollment Online enrollment
08/13/2018	Contact - Document Sent Rule & Act booklets
08/13/2018	SC-Application Received - Original
08/28/2018	Application Incomplete Letter Sent
09/12/2018	Inspection Completed-Env. Health : A
10/01/2018	Application Complete/On-site Needed
10/01/2018	SC-ORR Response Requested
10/01/2018	SC-ORR Response Received-Approval
10/09/2018	Inspection Completed On-site
10/09/2018	SC-Inspection Completed On-Site
10/09/2018	SC-Inspection Full Compliance
10/09/2018	SC-Recommend MI and DD
10/09/2018	Inspection Completed-BCAL Full Compliance
10/09/2018	Recommend License Issuance
10/09/2018	SC Recommend- MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a split-level ranch-style building located in a rural area of Genesee County near the town of Linden, Michigan. The building has a full basement used for storage, as well as a mechanical room containing the boiler and hot water heater for this facility. The mechanical room has a self-closing solid core door that is 1 3/4 inches thick. The furnace and hot water heater were inspected on 8/13/18 and are in mechanically sound condition. There are fire extinguishers located on each floor of this facility, and the smoke detectors are hard wired and interconnected.

This facility is not wheel chair accessible. This facility has a full kitchen with adequate storage area for perishable and non-perishable food. This facility contains a laundry room, staff office, and attached two car garage. The dining room measures 110 sq. ft, and the living room area measures 374.3 sq. ft. This facility has two full bathrooms for resident use located in each resident hallway. This facility has a private well and septic system which was inspected and approved on 9/12/18.

The bedrooms have the following measurements;

Bedroom #1	167 sq. ft.	Two resident beds
Bedroom #2	135 sq. ft.	One resident bed
Bedroom #3	150.8 sq. ft.	Two resident beds
Bedroom #4	146 sq. ft	One resident bed
Bedroom #5	115 sq. ft.	can be used for one resident bed if a resident requires a single bedroom, so long as the total number of residents does not exceed six (6) residents.

B. Program Description.

The applicant has submitted a program statement identifying the population they will serve, admission criteria, assessment process for residents and services that will be offered.

This facility will provide services for male and female residents who are mentally ill and/or developmentally disabled. This facility will admit both males and female over the age of 18 years. The program statement identifies an assessment process for residents that will insure the resident does not pose a physical threat to self or others, does not require 24-hour nursing care, and does not require physical management for inappropriate behaviors on an ongoing basis.

The program statement indicates that the services to be provided by this facility include adequate staffing to assist each resident in meeting the goals identified in their person-centered plan, assisting residents with daily living skills as identified in the resident's assessment, providing teaching and training of residents through social activities within the facility and in the community on a weekly basis or more often as scheduled. This facility will provide structured time with staff to explore crafts, arts, hobbies, and other leisure activities that interest the residents.

The residents in this facility will also participate in workshops in the community on a daily basis if they are able to do so.

C. Applicant and Applicant/ Administrator Qualifications

This facility is being purchased by Beacon Specialized Living Inc. who also owns and operates other licensed adult foster care facilities in Michigan. The board of Beacon Specialized Living Inc. has named Rebecca Eagle as the applicant and facility administrator (applicant). Ms. Eagle meets all of the requirements required to be the Applicant and administrator of this facility.

A search of the Law Enforcement Information Network did not locate any criminal convictions recorded for the applicant. The applicant submitted statements from a physician documenting their good health and current TB-tine negative results.

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected budget that was submitted.

The supervision of residents in this small group home licensed for six residents will be the responsibility of the applicant 24 hours a day / 7 days a week.

The licensee applicant acknowledges an understanding of the qualification requirements for the administrator, direct care staff, and volunteers providing care to residents in the facility.

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), 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. 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 the administrator, direct care staff and volunteers working directly with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the applicant, administrator or volunteer or staff, 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 the admission criteria and procedural requirements for accepting a resident into the facility for adult foster care.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 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.

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 temporary license and special certification for mentally ill and develop mentally disabled, to this AFC adult small group home (capacity 1-6).



10/9/18

Kent W Gieselman
Licensing Consultant

Date

Approved By:



10/9/18

Mary E Holton
Area Manager

Date