



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

May 21, 2018

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

RE: Application #: AS330392259  
**Beacon Home at Leslie**  
**4066 Oak Road**  
**Leslie, MI 49251**

Dear Mr. Kalinowski:

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 cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 243-6063

enclosure



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

**I. IDENTIFYING INFORMATION**

**License Application #:** AS330392259

**Applicant Name:** Beacon Specialized Living Services, Inc.

**Applicant Address:** Suite 110  
890 N. 10th St.  
Kalamazoo, MI 49009

**Applicant Telephone #:** (269) 427-8400

**Licensee Designee:** Melissa Williams

**Administrator:** Melissa Williams

**Name of Facility:** Beacon Home at Leslie

**Facility Address:** 4066 Oak Road  
Leslie, MI 49251

**Facility Telephone #:** (269) 427-8400  
01/24/2018

**Application Date:**

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL



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## II. METHODOLOGY

01/24/2018	Enrollment Online enrollment
01/25/2018	Inspection Report Requested - Health Inv. #1027871
01/25/2018	Contact - Document Sent Rule & Act booklets
02/27/2018	Inspection Completed-Env. Health: A
03/13/2018	Application Incomplete Letter Sent
03/13/2018	Contact - Telephone call made Contacted applicant. Left voice mail.
03/15/2018	Contact - Telephone call made Spoke to Nichole VanNiam from administration office. Obtained information and email address to communicate with applicant.
03/15/2018	Contact - Telephone call made Spoke to Nichole VanNiam via phone regarding application status and documents needed per application incomplete letter.
03/15/2018	Contact - Document Received Received documents via email from Nichole VanNiman.
03/28/2018	Contact - Document Received Email exchange with Nichole VanNiman
04/19/2018	Contact - Telephone call made Spoke to Nichole VanNiman regarding final edits and documents needed prior to onsite. Nichole is only requesting MI and DD as program types. Onsite scheduled for 4/27/18 at 10am.
04/20/2018	Contact - Document Received Received documents via email from Ms. VanNiman.
04/24/2018	Contact - Document Received Received documents via email from Ms. VanNiman.



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04/24/2018      Application Complete/On-site Needed

04/27/2018      Inspection Completed On-site

04/27/2018      Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Beacon Home at Leslie is a ranch style home located in a rural area within Leslie, Michigan. Located in the file is a copy from the title company of the purchase of the property verifying ownership of the property as well as permission from the owner for the bureau to inspect the property. The facility main floor consists of four bedrooms, three bathrooms, and two family rooms, all designated for resident use. The main floor also has a large kitchen, dining area, and laundry room. The facility is not wheelchair accessible and does not have any approved means of egress that is equipped with a ramp from the first floor. The basement of the facility is not accessible to residents. The facility utilizes private well and private sewer. The facility completed an environmental health inspection on 2/27/2018 and was determined to be in substantial compliance with administrative rules.

The facility utilizes a gas furnace, water heater, and water softener system that are located in the basement of the facility and are equipped with a 1-3/4 inch solid core door 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 and detectors have been installed near sleeping areas, on each occupied floor of the home, in the basement and near all flame or 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	137 x 150	142	2
2	135 x 149	139	2
3	137 x 128	121	1
4	136 x 118	111	1



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The indoor living and dining areas measure a total of 380 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 six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to six male and/or female residents who are mentally ill or developmentally disabled. The program will include opportunities for training to develop and improve self-esteem, self-direction, independence, normalization, and intellectual and physical functioning. The facility will provide opportunities for residents to engage in social interaction with family, friends, and within the community. The facility will provide opportunities for residents to attend spiritual and religious activities within the community as well as other community-based socialization opportunities, skill building activities, incentive programs, and creative outings. The applicant intends to accept referrals from Ingham County DHHS, Ingham County CMH, Veterans Administration or residents with private sources for payment.

If required, behavioral management programs will be identified in the assessment plans. These programs shall be implemented only by trained staff and only with the prior approval of the resident, guardian, designated representative or the responsible agency.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including local churches, parks, shopping centers, and other local community centers. 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 members of Beacon Specialized Living Services, Inc. have submitted documentation appointing Melissa Williams as licensee designee and administrator of the facility.



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Criminal history background checks of the applicant and administrator were completed, and Melissa Williams was determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting her good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Mrs. Williams has been working for Beacon Specialized Living Services, Inc. since 1999. During the 18 years that Mrs. Williams has been employed by Beacon Specialized Services, Inc., she has provided direct care services to residents diagnosed with mental illness and developmental disabilities, supervised and assisted with training direct care staff. Mrs. Williams is currently the Regional Operations Manager and oversees approximately 28 adult foster care homes with the State of Michigan.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff for six 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 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 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 acknowledged 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.

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



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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.



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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 temporary license and special certification to this AFC adult small group home.

5/9/2018

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:

05/21/2018

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Dawn N. Timm  
Area Manager

Date