



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 16, 2018

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

RE: Application #: AS630393369  
Beacon Home at Clarkston  
10358 Horseshoe Circle  
Clarkston, MI 48348

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>	AS630393369
<b>Applicant Name:</b>	Beacon Specialized Living Services, Inc.
<b>Applicant Address:</b>	890 N. 10th St. Suite 110 Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 427-8400
<b>Administrator/Licensee Designee:</b>	Melissa Williams
<b>Name of Facility:</b>	Beacon Home at Clarkston
<b>Facility Address:</b>	10358 Horseshoe Circle Clarkston, MI 48348
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Application Date:</b>	03/30/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

03/30/2018	Enrollment App submitted online 3/30/2018 did not download
03/30/2018	Contact - Document Sent Rules and Acts books
03/30/2018	Lic. Unit file referred for background check review
03/30/2018	Inspection Report Requested - Health Invoice No : 1028102
03/30/2018	File Transferred To Field Office Pontiac
04/04/2018	Contact - Document Received Licensing file received from Central office
07/09/2018	Application Incomplete Letter Sent
07/09/2018	Contact - Document Received Program statement, policies, procedures, physical, TB test
08/21/2018	Contact - Document Received Floor plan, deed
08/21/2018	Inspection Completed-BCAL Full Compliance
08/21/2018	Contact - Telephone call made To environmental health department
08/23/2018	Contact - Telephone call received From environmental health department- A rating, report not received from sanitarian
09/24/2018	Contact - Telephone call made To environmental health department
09/25/2018	Contact - Document Received Environmental health inspection
09/25/2018	Application Complete

### **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 Clarkston is a single story, ranch style home located at 10358 Horseshoe Circle, Clarkston, MI 48348. The first floor of the home consists of a living room, dining 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 office does not contain a window that exits to the outside of the home and is not suitable to be used as a bedroom in the future. 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 suburban area in Oakland County near many restaurants, recreational facilities, hospitals, shopping centers, 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 a utility room that is accessed from outside the home. They are enclosed in a room with a 1¾ 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 backup, which is fully operational. The home has private water and a private sewer system. An environmental health inspection was completed on 05/14/18 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15.1 x 15	226.5	2
2	16.9 x 11	185.9	2
3	16.9 x 11	185.9	2

**Total capacity: 6**

Resident Living Space	Room Dimensions	Total Square Footage
Living Room/Dining Room	25 x 15.1	377.5

The living room and dining room areas offer a total of 377.5 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 Clarkston were reviewed and accepted as written. Beacon Home at Clarkston 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. 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 Clarkston 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 Clarkston 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 Clarkston 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/administrator submitted a current medical clearance with a statement from a physician documenting good health and tuberculosis negative results.

The licensee designee/administrator 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 Clarkston.

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.

**RECOMMENDATION**

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



09/27/2018

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Kristen Donnay  
Licensing Consultant

Date

Approved By:



10/16/2018

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Dawn Timm  
Area Manager

Date