



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 7, 2019

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

RE: Application #: AS400399314
Beacon Home At Coster South
12414 Coster Road SW
Fife Lake, MI 49633

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 (616) 356-0183.

Sincerely,

A handwritten signature in blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood, Traverse City, MI 49684
(231) 342-4939

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS400399314
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Administrator/Licensee Designee:	Kevin Kalinowski
Name of Facility:	Beacon Home at Coster South
Facility Address:	12414 Coster Road SW Fife Lake, MI 49633
Facility Telephone #:	(269) 427-8400
Application Date:	04/16/2019
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

04/16/2019	Enrollment
04/17/2019	Application Incomplete Letter Sent
04/24/2019	Inspection Completed-Env. Health: A
05/02/2019	Application Complete/On-site Needed
05/02/2019	Inspection Completed On-site
05/06/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Beacon Home at Coster South AFC home is a large ranch style facility in a quiet wooded area in western Kalkaska County. The home has three double occupancy resident bedrooms, one of which has an attached full bathroom, one full bathroom unattached to any bedroom, a large living room, dining room, kitchen, a laundry and staff office/medication room, all on the main floor. The facility is attached to another existing 6 bed licensed group home and is separated by a firewall. The home does not have two means of egress with ramps and thus cannot accommodate those who regularly require the use of a wheelchair.

The furnace and hot water heater boiler system is located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

On April 24, 2019, the home was inspected by the District Health Department #10, Kalkaska County, who determined that the home is in substantial compliance with applicable rules pertaining to water supply and sewage disposal.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'9"X12'	141	2
2	10'X13'8"	136	2
3	12'3"X10'6" Plus 7'x2'	132	2

The living, dining, and sitting room areas measure a total of 416 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that 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 6 male or female ambulatory adults who are developmentally disabled or who have a mental illness in the least restrictive environment possible.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the residents supervising agency or as written in the resident's person-centered plan.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources, shopping centers, churches, restaurants, local parks and community events.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., which is a "For Profit Corporation" and was established in Michigan, on May 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 Kevin Kalinowski as Licensee Designee and Administrator of the facility.

A criminal history background check was conducted for the Licensee Designee / Administrator. He has been determined to be of good moral character. The Licensee Designee/ Administrator submitted a statement from a physician documenting his good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 2 staff to 6 residents per shift during awake hours and 1 staff to 6 residents during sleeping hours. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training suitability and qualification 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 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), 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 and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges their 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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer 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 home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, 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 the required forms and signatures to be completed for each resident on an annual basis.

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.

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 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 residents' personal money transactions that have been agreed to be managed by the applicant.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 6).



May 7, 2019

Bruce A. Messer
Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink, appearing to read "Jerry Hendrick".

May 7, 2019

Jerry Hendrick
Area Manager

Date