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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 23, 2019

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

RE: Application #: AS820397765
Beacon Home At Romulus
38669 Westvale
Romulus, MI 48174

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 5 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 (313) 456-0380.

Sincerely,

A handwritten signature in dark ink, appearing to read "Andrea L. Green".

Andrea Green, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 236-0832

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS820397765
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:	Melissa Williams
Name of Facility:	Beacon Home At Romulus
Facility Address:	38669 Westvale Romulus, MI 48174
Facility Telephone #:	(269) 427-8400
Application Date:	12/21/2018
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

12/21/2018	Enrollment Submitted online 12/20/18 did not download
12/21/2018	Contact - Document Sent Acts book
12/21/2018	Application Incomplete Letter Sent 1326 for Melissa. 100 for Administrator.
12/21/2018	Lic. Unit file referred for background check review Given to Candace
02/04/2019	File Transferred To Field Office Detroit
02/27/2019	Application Incomplete Letter Sent
07/02/2019	Inspection Completed On-site
07/02/2019	Inspection Completed-BCAL Sub. Compliance
07/18/2019	Contact - Document Received Plan of correction received.
07/25/2019	Contact - Telephone call received Telephone call requesting a follow-up onsite. Message left.
07/25/2019	Contact - Telephone call made Follow up on-site scheduled for 8/6/19.
08/06/2019	Inspection Completed On-site Follow up inspection. Second means of egress added.
08/06/2019	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single-story vinyl dwelling located in rural neighborhood in the city of Romulus, in Wayne County. The facility has a two-car detached garage and a long gravel driveway and on street parking for staff and visitor parking. The facility has a living room, dining area, kitchen, bathroom and four resident bedrooms. The facility is not equipped to accommodate wheelchai . The facility utilizes city water and sewer system.

The furnace and hot water heater are located in an enclosed room that is constructed of material which has a 1-hour fire resistance rating and a solid door which equipped with an automatic self-closing device and positive latching hardware.

The facility is also equipped with an interconnected smoke detection system. Smoke detectors are located in all the resident bedrooms, the hallway, kitchen and laundry area. The facility is equipped with a fire extinguisher which is located in the kitchen/laundry area.

Resident bedrooms and living areas were measured during the on-site inspection and have the following dimensions.

Location	Dimensions	Square Footage	Capacity
Bedroom # 1	11'5" X 7'1"	80.85	1 Resident
Bedroom # 2	10'4" X 10'5"	107.63	1 Resident
Bedroom # 3	10'5" X 8'3"	85.97	1 Resident
Bedroom # 4	11'6" x11'2" 5'11 X 5'4"	160.01	2 Residents
Living Area	11'5' X 11'10" 7'10" X9'2"	206.9	

The living area measures a total of 206.9 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 five (5) residents.

This facility cannot accommodate wheelchairs.

B. Program Description

The facility will provide 24-hour supervision, protection and personal care for five (5) male or female residents. The facility will accept moderate to high functioning developmentally disabled adults and medically managed mentally ill adults. The facility will teach and reinforce skills of daily living with the residents. The facility will provide the residents with the opportunity to participate in recreational activities in the home as well as making use of resources in the community.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., a Domestic Profit Corporation established on 5/12/1998. The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by the projected income from the caring for AFC residents along with income from the operation of active AFC facilities and verification of at least 3 months of operating capital.

Melissa Williams is the licensee designee and administrator for the facility. A criminal history clearance was completed on 12/21/2018 for Ms. Williams and no criminal convictions were found that would prevent Ms. Williams from working with this population. Ms. Williams submitted a medical clearance dated 8/16/2018 documenting that no physical or mental health conditions exist that would limit her ability to work with or around dependent adults. A current negative TB test was also obtained for Ms. Williams.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Williams provided documentation that she has over the required 1 year of experience providing direct care to developmentally disabled and mentally ill adults in an AFC setting. Ms. Williams has also provided documentation that she has completed the required training.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff for 5 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 the direct care staff will be awake during 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 or 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 t 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 up the retention schedule for those document 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.

