



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 11, 2020

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

RE: Application #: AM030402101  
Beacon Home at Hammond  
318 East Hammond Street  
Otsego, MI 49078

Dear Ms. VanNiman:

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 12 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 black ink, appearing to read "Ian Tschirhart".

Ian Tschirhart, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 644-9526

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM030402101
<b>Applicant Name:</b>	Beacon Specialized Living Services, Inc.
<b>Applicant Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Nichole VanNiman
<b>Administrator:</b>	Nichole VanNiman
<b>Name of Facility:</b>	Beacon Home at Hammond
<b>Facility Address:</b>	318 East Hammond Street Otsego, MI 49078
<b>Facility Telephone #:</b>	(267) 427-8400
<b>Application Date:</b>	10/17/2019
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

10/15/2019	Inspection Completed-Fire Safety: A See AM030387355
10/17/2019	Enrollment
10/22/2019	Contact - Document Sent Act booklet
10/22/2019	Application Incomplete Letter Sent IRS ltr; 1326A, RI-030, & FPs for Kevin (LD); AFC 100 for Melissa (Admin)
10/22/2019	Contact - Document Received IRS ltr
11/05/2019	Lic. Unit file referred for background check review Kevin K - RS
12/02/2019	Application Incomplete Letter Sent
01/29/2020	Application Complete/On-site Needed
01/30/2020	Inspection Completed On-site
02/17/2020	Inspection Completed-BCAL Full Compliance
02/17/2020	Contact - Document Received Received zoning approval letter

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Beacon Home at Hammond Street is located at 318 E. Hammond Street, Otsego (Allegan County, Michigan, 49078. The home is owned and operated by Beacon Specialized Living Services, Inc., a company that owns and operates approximately 50 licensed Adult Foster Care (AFC) home throughout Michigan. This home was previously licensed as a 12-bed Adult Foster Care (AFC) home on October 30, 2017 by a different licensee.

Beacon has submitted proof of ownership of this home and written permission for this home to be inspected by Adult Foster Care licensing consultants. No structural changes have been made since 2017 that have affected the floorplan of this home.

This is a single-story house in a residential neighborhood. There are six resident bedrooms, 4 full bathrooms, a large dining area, kitchen, living room, pantry/laundry

room, medication office, and furnace/water heater room. The home is wheelchair accessible and there are handrails were required. There is a two-car attached garage, and ample parking space in front of the home. This home utilizes public water and sewage services.

The home was inspected by the Bureau of Fire Safety and given an “A” rating on October 15, 2019.

The hot water heater and furnace are located in a mechanical room on the main floor of the home (there is no basement or 2<sup>nd</sup> level to the home) which is equipped with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The system was tested upon the final inspection on January 30<sup>th</sup>, 2020 and worked properly. There is at least one operable A-B-C fire extinguisher which is easily accessible. Evacuation routes are placed on the walls in conspicuous places, and emergency telephone numbers are posted next to the home’s telephone, which residents will have reasonable access to.

Resident bedrooms were measured and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	16’5” X 10’5”	171	2
2	16’5” X 10’5”	171	2
3	11’6” X 15’5”	177	2
4	11’6” X 15’5”	177	2
5	11’6” X 15’5”	177	2
6	11’6” X 15’5”	177	2

**Total Capacity: 12**

The living and dining room areas measure a total of 1,134 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

The kitchen has all the necessary cooking utensils, thermometers in the freezer and refrigerator, and a garbage can with a lid.

All of the furniture, appliances, equipment, etc. are clean and in good condition. The overall maintenance and cleanliness of the home is good. The landscaping, driveway, and walkway are all in good condition.

Zoning approval for this medium group home was granted by the City of Otsego on February 17, 2020.

## **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 **twelve** male and/or female adults aged 18 years and older, who may be diagnosed with a mental illness and/or developmental disability. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

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 members, and only with the prior approval of the resident, guardian, and the responsible agency.

Beacon Home at Hammond Street will provide transportation to residents, and any charges for such will be stated in the Resident Care Agreement. Emergency transportation needs will be fulfilled through ambulance services; all other transportation will be arranged by family members, or other service providers who offer it to the resident who live there.

### **C. Applicant and Administrator Qualifications**

Kevin Kalinowski is the Licensee Designee and Melissa Williams is the Administrator of this home. Both have submitted Medical and Record Clearances and no restrictions were noted on either. Both of their TB-tine results were negative.

The applicant acknowledges an understanding of the training 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](http://www.miltcpartnership.org)), Identogo, and the related documents required to be maintained in each employee's 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 Mrs. Thornton, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked medication cart 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 each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on themselves and direct care staff or volunteers and the retention schedule for all of the documents contained within their and each employee's file.

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

The applicant acknowledges their 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 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 medium group home (capacity 12).



March 11, 2020

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Ian Tschirhart  
Licensing Consultant

Date

Approved By:



March 11, 2020

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Jerry Hendrick  
Area Manager

Date