



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 11, 2020

Kevin Kalinowski
Loving Hands Adult Foster Home LLC
Suite 110
890 North 10th Street
Kalamazoo, MI 49009

RE: License #: AS210344094
Beacon Home at Saunders Point
9284 State Hwy M-35
Gladstone, MI 49837

Dear Mr. Kalinowski:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in black ink, appearing to read "Theresa Norton".

Theresa Norton, Licensing Consultant
Bureau of Community and Health Systems
234 West Baraga
Marquette, MI 49855
(906) 280-2519

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

I. IDENTIFYING INFORMATION

License #: AS210344094

Licensee Name: Loving Hands Adult Foster Home LLC

Licensee Address: 555 Railroad Street
Bangor, MI 49013

Licensee Telephone #: (269) 427-8400

Licensee/Licensee Designee: Kevin Kalinowski, Designee

Administrator: Kevin Kalinowski, Administrator

Name of Facility: Beacon Home at Saunders Point

Facility Address: 9284 State Hwy M-35
Gladstone, MI 49837

Facility Telephone #: (906) 420-8446

Original Issuance Date: 12/09/2013

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION (VIRTUAL INSPECTION CONDUCTED)

Date of On-site Inspection(s): 06/09/2020

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain. Time did not warrant.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain. None to review.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



06/11/2020

Theresa Norton
Licensing Consultant

Date