



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 16, 2020

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

RE: Application #: AS370405093
Beacon Home At Mt Pleasant
4659 S Leaton Rd
Mt Pleasant, MI 48858

Dear Ms. Bishop:

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 and special certification 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS370405093

Applicant Name: Beacon Specialized Living Services, Inc.

Applicant Address: Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

Applicant Telephone #: (269) 427-8400

Administrator Emily Fairris

Licensee Designee: Jennifer Bishop

Name of Facility: Beacon Home At Mt Pleasant

Facility Address: 4659 S Leaton Rd
Mt Pleasant, MI 48858

Facility Telephone #: (269) 427-8400
07/16/2020

Application Date:

Capacity: 6

Program Type: MENTALLY ILL
DEVELOPMENTALLY DISABLED

II. METHODOLOGY

07/15/2020	SC-Application Received - Original
07/16/2020	Enrollment Online Application Download Failure
07/17/2020	Contact - Document Received 1326, RI030 & AFC100
08/18/2020	Application Incomplete Letter Sent
08/18/2020	Inspection Report Requested - Health Inv. #1030824
10/14/2020	Inspection Completed-Env. Health : A Central Michigan District Health Department.
10/22/2020	SC-ORR Response Requested Central Michigan Community Mental Health is contracting with facility.
10/22/2020	SC-ORR Response Received-Approval CMHCM.
10/22/2020	Inspection Completed On-site Review of physical plant, required documents and water temp.
10/22/2020	Inspection Completed-BCAL Full Compliance
10/23/2020	Contact - Document Received Tonya Lawrence, Contract with CMHCM plans on contracting with Beacon at this home.
10/23/2020	SC-ORR Response Received-Approval Tonya Lawrence, contract with CMHCM plans on contracting with Beacon.
10/26/2020	Application Complete/On-site Needed
10/26/2020	Contact - Document Sent Letter appointing Emily Fairris-Admin and Jennifer Bishop-LD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at Mt. Pleasant is a single-story ranch home with vinyl siding on a crawl space. The facility is located on two acres, surrounded by farm fields to give the perception of being in a rural area but is located within the city limits of Mt. Pleasant, Michigan. The entrance to the home is by the way of a covered porch through which one enters into the open floor plan of the home to include a dining room, kitchen and living room. The home also has an additional family room and five resident bedrooms, four which are private or single occupancy resident bedrooms and one is shared or double occupancy resident bedroom. The home has two approved means of egress neither of which are located at ground level rather both entries require the use of stairs to enter/exit the facility. Therefore, the AFC facility is not wheelchair accessible.

The home utilizes a private water supply and sewage disposal system and was inspected by the Central Michigan District Health Department on 10/14/2020. The facility was determined to be in full compliance with all applicable environmental health rules on the date of the inspection.

The home is heated by electric, baseboard heat. The water heater is located in a crawl space that includes stairs leading into the crawl space. The entrance door leading to the crawl space equipped with a 1-3/4 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 back-up which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9'10" X 11'11"	101.10 sq. ft	1
2	9'8" X 11'11"	108.87 sq. ft	1
3	13'2 X 13'11"	173.05 sq. ft	2
4	8'5" X 11'11"	94.43 sq. ft	1
5	9'2" X 11'11"	102.21 sq. ft	1

The indoor living and dining areas measure a total of 481.56 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate six residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

The applicant(s) intends to provide 24-hour supervision, protection, and personal care to 6 male and/or female residents who have been diagnosed with a mentally ill and/or are developmentally disabled. The program will include social interaction; training to develop personal hygiene, personal adjustment, public safety, and independent living skills; opportunity for involvement in educational day programs and/or employment and transportation. The applicant intends to accept referrals from various Community Mental Health Agencies.

If needed by residents, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including Community Mental Health Programming, local community events, festivals, and concerts. Mt. Pleasant has movie theatres, shopping, bowling alley, public library, two hospitals, restaurants, churches, Central Michigan University, and the Soaring Eagle Casino. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., a "For Profit Corporation" established in Michigan on 5/12/1998. 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 Jennifer Bishop as licensee designee and Emily Fairris as administrator for this facility.

Criminal history background checks of licensee designee Ms. Bishop and administrator Ms. Fairris were completed and both have been determined to be of good moral character to provide licensed adult foster care. Ms. Bishop and Ms. Fairris also submitted a statement from a physician documenting their individual good health and current negative tuberculosis test results.

Ms. Bishop is a Licensed Master's Degreed Social Worker (LMSW), has held the positions of an Assistant Vice President, Clinical Director and Clinician with Beacon Specialized Living Services over the past three years. Ms. Fairris is currently the Administrator of other Beacon Specialized Living Services facilities. Ms. Fairris also has experience as a home manager and direct care staff home. Ms. Bishop and Ms. Fairris have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of two staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased/decreased 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 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 acknowledged 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 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 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 the retention schedule for those documents 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.

The applicant 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.

The applicant 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.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

