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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 9, 2021

Ramon Beltran, II
Beacon Specialized Living Services, Inc.
Suite 110
890 N. 10th St.
Kalamazoo, MI 49009

RE: Application #: AS730407067
Beacon Home at Saginaw
7705 Dutch Rd
Saginaw, MI 48609

Dear Mr. Beltran, II:

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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS730407067
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Administrator:	Ramon Beltran, II
Licensee Designee:	Ramon Beltran, II
Name of Facility:	Beacon Home at Saginaw
Facility Address:	7705 Dutch Rd Saginaw, MI 48609
Facility Telephone #:	(269) 427-8400
Application Date:	01/20/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/20/2021	Enrollment Online application download failure
01/21/2021	Contact - Document Received RI030 & AFC100
01/21/2021	Application Incomplete Letter Sent 1326 for Ramon
01/21/2021	Contact - Document Sent 1326
02/01/2021	Contact - Document Received 1326 & AFC100 for Ramon
02/01/2021	Lic. Unit file referred for background check review.
02/16/2021	Contact - Telephone call received. Female caller asking for assigned consultant, referred by Central Office. Pointed out that we have not received the new enrollment materials from Central office yet, so cannot be assigned to a consultant. Advised caller to call back next week for update.
02/24/2021	Contact - Telephone call received. Female caller asking if new enrollment paperwork has been received in field office. Provided her with the name and phone number of assigned consultant.
03/01/2021	Application Incomplete Letter Sent
03/17/2021	Inspection Completed On-site
03/25/2021	Inspection Completed-BCAL Full Compliance
04/09/2021	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The property at 7705 Dutch Road, Saginaw, MI 48609 is owned by Beacon Home at Saginaw, LLC. Beacon Home at Saginaw is located in the Township of Thomas, Saginaw, County. Beacon Home at Saginaw is situated on five acres in rural Thomas Township. The facility has a privacy fence and was built on a basement. Beacon Home at Saginaw was built on a basement in the 1970's. The facility has central air conditioning and public sewer and water.

The furnace and hot water heater are located in the basement with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The furnace was inspected and determined to be fully operational on February 15, 2021. 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.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
SE #1	11' X 10'7"	117.7 sq. feet	1
NE #2	10'6" X 11'1"	117.66 sq. feet	1
SW #3	7'9" X 13'9"	109.81 sq. feet	1
SW #4	9'5" X 10'2"	96.9 sq. feet	1
NW #5	8' X 18'	144 Sq. feet	2

The living, dining, and sitting room areas measure a total of 641 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement. The facility contains two full bathrooms and is not wheelchair accessible.

Based on the above information, it is concluded that this facility can accommodate **six (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 **six (6)** male or female ambulatory adults, ages 18 and above, whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. Wheelchair users will not be accepted. 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. Residents will be referred from Community Mental Health Authorities.

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 all transportation for program and medical needs. 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 including public schools and libraries, local museums, shopping centers, and local parks.

C. Licensee Designee and Administrator Qualifications

The applicant is Beacon Specialized Living Services Inc., which is a For Profit Corporation was established in Michigan, on May 12, 1988. 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 Ramon Beltran II as Licensee Designee and Administrator of the facility.

A licensing record clearance request was completed with no lein convictions recorded for the Ramon Beltran II, Licensee Designee and Administrator. Ramon Beltran II submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ramon Beltran II, Licensee Designee and Administrator 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 six-bed facility is adequate and includes a minimum of two-staff-to-six residents per shift. All staff shall be awake during sleeping hours.

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.identogo.com) (Formerly L-1 Enrollment, by Morpho Trust), 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 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 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 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

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.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 1-6).

Kathryn A. Huber

04/09/2021

Kathryn A. Huber
Licensing Consultant

Date

Approved By:

Mary E. Holton

04/09/2021

Mary E Holton
Area Manager

Date