



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 5, 2021

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

RE: Application #: AS390406170
Beacon Home at Wolf Lake
10633 W. J Ave.
Kalamazoo, MI 49009

Dear Mr. Kalinowski:

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 black ink, appearing to read "Eli DeLeon".

Eli DeLeon, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001
(269) 251-4091

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS390406170
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Licensee Designee:	Kevin Kalinowski
Administrator:	Melissa Williams
Name of Facility:	Beacon Home at Wolf Lake
Facility Address:	10633 W. J Ave. Kalamazoo, MI 49009
Facility Telephone #:	(269) 353-1809 10/08/2020
Application Date:	
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

10/08/2020	Enrollment
10/29/2020	Inspection Report Requested - Health 1031003
10/29/2020	File Transferred To Field Office Lansing
01/11/2021	Application Incomplete Letter Sent
01/25/2021	Contact - Document Received -Admission, Discharge and Refund Policy, Job Descriptions, Floor map, Program Statement, Organization Chart, Proposed Budget and TB Results.
02/11/2021	Confirming Letter Sent.
03/05/2021	Contact - Document Received -Environmental Health Inspection, Full compliance.
03/17/2021	Contact - Document Received -Furnace Inspection 11/02/2020, Fire Alarm Inspection 12/10/2020.
03/25/2021	Inspection Completed On-site.
04/07/2021	Confirming Letter Sent.
04/22/2021	Contact - Document Received -Documentation of Repairs.
04/22/2021	Inspection Completed - Full Compliance.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This is a tri-level, four-bedroom, wood-sided, ranch style adult foster care (AFC) facility located in a residential area within Oshtemo Township. There are numerous restaurants and stores located within five miles of Beacon Home at Wolf Lake AFC facility. Bronson Primary Care is located within five miles of the AFC facility.

Beacon Home at Wolf Lake is located on a one-acre wooded lot with a large back and front yard and horse-shoe gravel driveway, providing ample parking for visitors and staff. One half-bathroom, dining room, living room and kitchen are located on the main

floor. Stairs located on the east wall of the living room lead to the second floor where an additional three resident bedrooms and one full bathroom are located. A full bathroom is private to one resident bedroom on the second floor with no common entrance. An additional resident bedroom, one full bathroom and living room are located on the ground level, accessible by stairs located adjacent to the first floor living room. This home is not wheelchair accessible. This home utilizes a private water supply and private sewage disposal system. The facility was found to be in substantial compliance with applicable environmental health rule after an inspection from the Kalamazoo County Health and Community Services Department on 02/17/2021.

The gas furnace and hot water heater are located on the basement level and enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating. This enclosure is accessible by stairs from the ground level and is equipped with a 1-3/4 inch solid core door with an automatic self-closing device and positive latching hardware. The applicant provided documentation that the furnace was inspected by a licensed professional on 11/02/2020 and is in good working condition. The facility is equipped with an interconnected hardwired smoke detection system, which is fully operational. Smoke detectors are located in all sleeping areas, the basement and in all areas with heat producing equipment.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	14' X 11'5"	159	2
2	10'2" X 13'6"	137	2
3	10'10' X 10	108	1
4	9'10" X 12'11"	127	1

The indoor living and dining areas measure a total of 618 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

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 male and/or female ambulatory adults whose diagnosis is developmentally disabled or mentally ill, in the least restrictive environment possible. 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 primarily from Integrated Service of Kalamazoo.

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 make provisions 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. The licensee will provide all transportation for resident programs and medical needs. 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., which is a “For Profit Corporation”, was established in Michigan, on 05/21/1998. 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. have submitted documentation appointing Kevin Kalinowski as licensee designee and Melissa Williams as administrator for this facility.

A licensing record clearance request was completed with no convictions recorded for Kevin Kalinowski and Melissa Williams. Kevin Kalinowski and Melissa Williams submitted medical clearance requests with statements from a physician documenting their good health and current TB negative results.

Kevin Kalinowski and Melissa Williams have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Kevin Kalinowski is currently the licensee designee for other AFC facilities licensed to Beacon Specialized Living Services, Inc. Melissa Williams is currently the Licensee Designee and Administrator for other AFC facilities licensed to Beacon Specialized Living Services, Inc. Both have provided direct care services to both the mentally ill and developmentally disabled populations for several years.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of one staff to six residents per shift. All direct care staff will be awake during resident 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/authorization for each resident on an annual or as needed 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 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.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of six residents.



05/04/2021

Eli DeLeon
Licensing Consultant

Date

Approved By:



05/05/2021

Dawn N. Timm
Area Manager

Date