



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 17, 2021

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

RE: Application #: AS630408237  
**Beacon Home at Wolverine Lake**  
**1615 Glengary Rd**  
**Wolverine Lake, MI 48390**

Dear Ms. Rawlings:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
Cadillac Place, Ste 9-100  
Detroit, MI 48202  
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enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630408237
<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>	Kimberly Rawlings
<b>Administrator:</b>	Kimberly Rawlings
<b>Name of Facility:</b>	Beacon Home at Wolverine Lake
<b>Facility Address:</b>	1615 Glengary Rd Wolverine Lake, MI 48390
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Application Date:</b>	04/20/2021
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODOLOGY

04/20/2021	Enrollment Online App Download Failure
04/21/2021	Application Incomplete Letter Sent 1326 & Fingerprints for Kimberly, AFC100 for admin
04/21/2021	Inspection Report Requested - Health
04/21/2021	Contact - Document Received 1326, RI030, AFC100
04/21/2021	Lic. Unit file referred for background check review Red Screen for Kimberly. Referred to C.Pilarski for review
04/30/2021	Application Incomplete Letter Sent Sent via email
05/17/2021	Inspection Completed-Env. Health: D
06/07/2021	Contact - Telephone call made Spoke to Kim, who reported they are currently in the process of hooking up to city water and city sewer in order to be in compliance with Env Health as well other construction currently in process. Kim reported potential completion date of late fall 2021.
07/08/2021	Contact - Document Sent Email exchange regarding application documents and env health rating.
09/28/2021	Contact - Document Sent Email exchange with Jeanne Bodfish regarding application materials still needed and env health. Facility is in process of hooking up to city water and sewer
10/05/2021	Contact - Document Received Email exchange regarding updates on items still needed.
10/14/2021	Contact - Document Received Application documents received.
12/07/2021	SC-Application Received - Original
12/07/2021	Application Complete/On-site Needed
12/15/2021	Inspection Completed On-site

12/15/2021	Inspection Completed-BCAL Full Compliance
12/17/2021	SC-Recommend MI and DD

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is a ranch-style home located in the village of Wolverine Lake, Michigan. The home has is a one-level home with four resident bedrooms and two full-size resident accessible bathrooms. Upon entering the home, there is the living room area. To the left of the living room is a hallway that leads to three resident bedrooms and one full-size bathroom. Directly past the living room are two large dining room areas. To the right of the living is the kitchen area. To the right of the kitchen area is a second hallway that leads to the fourth resident bedroom, a full-size bathroom, laundry room and the enclosed furnace and hot water heater room. The facility is not wheelchair accessible. The facility utilizes a public water supply and sewage disposal system.

The facility has one gas furnace and one gas hot water heater, both located on the main floor of the facility. The furnace and water heater are equipped with a 1¾ 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 and have been installed near sleeping areas and near all flame or 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	11' 3" x 12' 10"	134	2
2	12' x 9'	108	1
3	9' 5" x 9' 1"	81	1
4	12' 2" x 12' 1"	144	2

**Total capacity: 6**

The indoor living and dining areas measure a total of 281 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 6 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 6 male and/or female residents who are mentally ill or 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 or day programs or employment, and transportation. The applicant intends to accept referrals from Oakland County DHS, Oakland County CMH, Veterans Administration or residents with private sources for payment.

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 the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence, if applicable, of residents.

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

The applicant is Beacon Specialized Living Services, L.L.C., a “Domestic Limited Liability Company”, established in Michigan on 3/15/2021. 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 members of Beacon Specialized Living Services, L.L.C. have submitted documentation appointing Kimberly Rawlings as licensee designee and administrator for this facility.

Criminal history background checks of Ms. Rawlings were completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Rawlings submitted a statement from a physician documenting her good health and current negative tuberculosis test results.

Ms. Rawlings has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ms. Rawlings has a Bachelor of Arts degree in Music Therapy and a Master of Science degree in Administration. Ms. Rawlings has been working within the field of adult foster care for

the last 20 years. Over the course of her career, Ms. Rawlings has provided direct care to residents, including dressing, bathing, grooming and medication administration. Since 2004, Ms. Rawlings has held administrative and financial management positions related to the care of the mentally ill and developmentally disabled populations. Ms. Rawlings is currently certified in CPR and First Aid, and has completed trainings in resident rights, crisis intervention, teamwork, person-centered services in residential settings, mental illness and substance abuse, medication administration, nutrition, fire safety and communicable disease and infection control.

The staffing pattern for the original license of this six-bed facility is adequate and includes a minimum of 1 staff for 6 residents per shift. Ms. Rawlings acknowledged that the staff to resident ratio may need to be 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. Ms. Rawlings indicated that direct care staff will be awake during sleeping hours.

Ms. Rawlings 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.

Ms. Rawlings acknowledged an understanding of the responsibility to assess the good moral character of employees. Ms. Rawlings acknowledges 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](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

Ms. Rawlings 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, Ms. Rawlings 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.

Ms. Rawlings 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, Ms. Rawlings 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.

Ms. Rawlings acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Rawlings 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.

Ms. Rawlings 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.

Ms. Rawlings acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. Rawlings 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 Ms. Rawlings.

Ms. Rawlings 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. Ms. Rawlings indicated the intent to respect and safeguard these resident rights.

Ms. Rawlings 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.

Ms. Rawlings 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.

Ms. Rawlings 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 temporary license to this AFC adult small group home (capacity 1-6).

*Stephanie Gonzalez*

12/17/2021

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Stephanie Gonzalez  
Licensing Consultant

Date

Approved By:

*Denise Y. Nunn*

12/17/2021

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Denise Y. Nunn  
Area Manager

Date