



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 28, 2022

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

RE: Application #: AS330411152
Beacon Home At Cogswell
2117 Cogswell Drive
Lansing, MI 48906

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 and special certification with a maximum capacity of 4 are 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 "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS330411152

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: Kimberly Rawlings

Administrator: Kimberly Rawlings

Name of Facility: Beacon Home At Cogswell

Facility Address: 2117 Cogswell Drive
Lansing, MI 48906

Facility Telephone #: (269) 427-8400
12/13/2021

Application Date:

Capacity: 4

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

Special Certification: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

12/13/2021	Enrollment
12/13/2021	Lic. Unit file referred for background check
12/13/2021	File Transferred To Field Office – Lansing via SharePoint
01/10/2022	Application Incomplete Letter Sent
01/10/2022	Contact - Document Received – Admission policy, articles of incorporation, budget, contracts, lease, organizational chart, permission to inspect the property, proof of ownership, standard/routine procedures, documentation of competencies for Kimberly Rawlings, personnel policies, job descriptions, and current financial statement
02/03/2022	Contact - Document Received – Program statement and proposed staffing pattern
03/14/2022	Contact - Document Received – Furnace inspection report
03/14/2022	SC-Inspection Completed On-Site
03/14/2022	SC-Inspection Full Compliance
03/14/2022	Inspection Completed On-site
03/14/2022	Inspection Completed-BCAL Full Compliance
03/22/2022	Contact - Document Received – Medical clearance and TB test results for Kimberly Rawlings
03/23/2022	SC-Application Received - Original
03/23/2022	Contact - Document Received Updated application for capacity of four
03/24/2022	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Beacon Home at Cogswell is a ranch style home with aluminum siding and bricks, located within a quiet subdivision in Lansing, MI near the intersection North Grand River Avenue and Delta River Drive. The home has four bedrooms all located on the main

floor. There is one full bathroom and one half – bathroom on the main level of the home. The living area, kitchen, and dining room are centrally located within the home on the main level. Also, on the main level of the home are a medication room and laundry area. The home is not wheelchair accessible, and the applicant will not accept residents for admission who are full time wheelchair users. The home utilizes a public water supply and sewage disposal system.

The home has a gas-powered water heater and furnace located within a utility room in the basement of the facility. The room separating the equipment from the rest of the home is equipped with a door that has a 90-minute fire resistance rating and is equipped with an automatic self – closing device and positive latching hardware. The furnace was inspected by a licensed professional and determined to be in good working order as on January 17, 2022.

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. Smoke detectors have been installed near sleeping areas, in the kitchen, living room, laundry room 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	8' 11" X 12' 3"	109	One
2	9' 0" X 10' 11"	99	One
3	10' 0" X 10' 11"	110	One
4	10' 3" X 11' 7"	119	One
Living Room	6' 2" X 12' 7"	181	N/A
Dining Room	10' 10" X 13' 5"	88	N/A

The indoor living and dining areas measure a total of 269 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate four (4) 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 four (4) male 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 stated when appropriate residents will be taught household management skills to assist in

transferring to a less restrictive environment. The applicant stated residents will be provided with a structured environment with positive reinforcement and redirection rather than the use of terms such as “stop” or “no.” The applicant stated the facility can accommodate residents with co-occurring diagnoses, residents with medical needs, and residents who are expressively non-verbal. The applicant stated a nurse will be available round-the-clock to provide input on resident care. The applicant stated there will be a clinician that will provide services to residents in the home weekly. 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 the public schools and library, local museums, shopping centers, churches, etc. Specifically, the applicant indicated there are several local parks that are close to the facility which can be used by residents for walking or other recreational activities, concerts in the park, Potter Park Zoo, the Fener Nature Center, and Celebration Cinema that are all located in close proximity to the home and can be enjoyed by residents. 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, 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., Inc. has submitted documentation appointing Kimberly Rawlings as licensee and administrator of the facility. Ms. Rawlings has 12 years of experience in behavioral health with an emphasis on autism. Ms. Rawlings is currently the vice president of operations for Beacon Specialized Living Services, Inc. Ms. Rawlings currently serves as licensee designee for several other facilities owned and operated by the applicant. Ms. Rawlings has a bachelor’s degree in Music Therapy and a Master of Science Degree in Administration from Central Michigan University. Ms. Rawlings submitted documentation that she was formally trained in the topics of providing person – centered services in a residential setting; co-occurring disorders: mental health and substance abuse; resident rights; CPR/first aid; gentle teaching; infection control; non-violent crisis intervention; suicide risk assessment and prevention; trauma informed care; medications; and environmental emergencies. Ms. Rawlings has worked as a music therapist and activity therapist with a variety of populations. The licensee designee and administrator has provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

A Criminal history background checks of Kimberly Rawlings was completed, and she was determined to be of good moral character to provide licensed adult foster care. Ms. Rawlings submitted statements from a physician documenting her good health dated November 18, 2021, and a negative tuberculosis test result dated February 9, 2021.

The staffing pattern for the original license of this four (4) - bed facility is adequate and includes a minimum of one (1) staff for four (4) residents per shift. The applicant 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. 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 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.

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 and special certification to this adult foster care small group home with a capacity of four (4).

Leslie Herrguth

03/24/2022

Leslie Herrguth
Licensing Consultant

Date

Approved By:

Dawn Timm

03/28/2022

Dawn N. Timm
Area Manager

Date