



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 13, 2022

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

RE: Application #: AS130411523
Beacon Home At East Ave South
20271 East Ave N
Battle Creek, MI 49017

Dear Mr. Beltran:

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 adult foster care license and special certification for the developmentally disabled and mentally ill populations, a maximum capacity of 5 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 black ink that reads "Cathy Cushman".

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130411523
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
Licensee Designee:	Ramon Beltran
Name of Facility:	Beacon Home At East Ave South
Facility Address:	20271 East Ave N Battle Creek, MI 49017
Facility Telephone #:	(269) 427-8400
Application Date:	01/25/2022
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

01/25/2022	Enrollment
01/25/2022	Inspection Report Requested - Health 1032330
01/25/2022	File Transferred To Field Office Lansing via SharePoint
01/27/2022	Lic. Unit file referred for background check review Red Screens
02/10/2022	Application Incomplete Letter Sent Sent via email to LD, Ramon Beltran.
02/11/2022	Contact - Document Received Received required documentation from licensee except floor plan.
02/24/2022	Contact - Document Received Received updated floor plan for main level and basement.
02/24/2022	Application Complete/On-site Needed
03/02/2022	Contact - Document Received Pictures of fire wall in attic
03/02/2022	Inspection Completed On-site
03/02/2022	Inspection Completed-BCAL Sub. Compliance
03/04/2022	Application Incomplete Letter Sent letter indicated violations from 3/2/22 onsite
03/18/2022	Contact - Document Received Received furnace and electric inspection. Received confirmation of Class C materials. Picture of closet added for bedroom.
03/25/2022	Contact – Document Sent Contacted Calhoun Co. Health Dept requesting they resubmit the BCAL 1788 form with the facilities information as an EH inspection had been conducted in July 2021 for the attached facility and the two facilities share a septic/well.
03/28/2022	Contact – Telephone call received Received call from Calhoun Co. EH inspector regarding request. Inspector indicated a new inspection would be needed due to the number of people using well/septic. Inspector needs to

ensure it's big enough to accommodate all residents and staff between two facilities.

03/28/2022 Contact – Document Received
Received fence layout with measurements from facility.

04/01/2022 Inspection Completed – Env. Health: B

04/07/2022 Contact – Document Received
Received secured fence variance request with supporting documentation

04/12/2022 Contact – Document Sent
Sent email to licensee designee, Ramon Beltran, requesting a letter for EH report.

04/12/2022 Contact – Document Received
Received signed statement from licensee agreeing to monitor sewer system for failure.

04/12/2022 Inspection Completed- BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is a single level ranch style home in the rural area of Battle Creek, MI, which is owned by Beacon Home at East Ave, LLC. Proof of ownership was provided. The facility is attached or connected to another facility but is separated by a fire wall. The applicant provided photo documentation the fire wall extends into the attic area. The facility is not wheelchair accessible.

Due to the rural location of the facility, it has a private septic and private water system. On 04/01/2022, Calhoun County Environmental Health Agency completed an inspection of the septic and well. The Environmental Health Agency recommended temporary approval until the next inspection or report. The Environmental Health Agency's findings and recommendations indicated the septic system is "slightly undersized for the number of residents" between both facilities, but indicated the system was currently functioning adequately. The Environmental Health Agency indicted no action was necessary and stated the only recommendation was to watch the system for any signals of failure. The licensee provided a letter on 04/12/2022 acknowledging the Environmental Health Agency's findings and recommendations and agreed to monitor the system and immediately correct any deficiencies relating to the septic if signs of failure were discovered.

The facility's front door is to the left when you pull into the driveway. The facility opens into the living room. Just past the living room is the dining room and off the dining room is the facility kitchen. Past the dining room are sliding doors, which is the second exit out of the facility and leads into the facility's fenced in back yard.

There is a hallway towards the South end of the facility off the living room. Off this hallway are three resident bedrooms and one bathroom. The bathroom contains a toilet, sink and shower/tub. There is a half bathroom located in bedroom three, which is located on the right hand side of the hallway. This bathroom contains a sink and toilet and will only be utilized by the residents who reside in bedroom three.

The facility has a basement, which is accessible by stairs from the kitchen. The facility's furnace, water heater, laundry, and a staff office are located in the basement. The facility's basement will not be utilized regularly by residents. At the bottom of the basement stairs is an exit door that leads to small set of stairs and cellar doors that lead to the facility's backyard. The basement has a drop-down ceiling, but the applicant provided confirmation the ceiling tiles are Class A fire rated material. The basement also has planked aged cedar attached to the walls; however, the applicant provided confirmation these panels are Class C fire rated.

The facility's backyard will be separate from the attached facility's backyard by an enclosed 6 foot privacy fence. The applicant submitted a variance request to have this fence secured.

The gas 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 located at the top of the basement stairs. Additionally, the room in which the furnace and water heater are located in is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self closing device and positive-latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, 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	11'3" x 9:11"	112	1
2	11' x 13'5"	142	2
3	11'5" x 13'3"	152	2

The living, dining, and sitting room areas measure a total of 228 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** 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 five male or female ambulatory adults whose diagnosis is mental illness and/or developmentally disabled. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in their *Assessment Plans for AFC Residents* and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to enter into contracts with various Community Mental Health agencies throughout the State of Michigan.

The applicant will provide a warm, homelike atmosphere that fosters residents' personal growth and nurtures independent decision-making skills. 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 library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance residents' quality of life and to increase residents' independence. The facility will make provisions for a variety of leisure and recreational equipment and provide transportation for all residents' programming and medical needs.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the residents' *Assessment Plan for AFC Residents* and individual plans of service. These programs shall be implemented only by trained staff, and only with prior approval of the residents, their guardians, and their responsible agencies.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., a domestic for-profit corporation established in Michigan in 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.

A criminal history check was conducted and determined that Ramon Beltran, the Administrator/Licensee Designee, is of good moral character and eligible for employment in a licensed adult foster care facility. Mr. Beltran submitted a statement from a physician documenting his good health and current negative TB test results. Mr. Beltran has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. He has worked for the

applicant since 2017 holding various positions for several of the applicant's facilities such as District Director, Administrator and Licensee Designee. He has significant experience in managing Adult Foster Care facilities and with assisting residents with mental illness and/or developmental disabilities.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff – to – 5 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility's staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 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.miltcpartnership.org) 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 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 acknowledges their responsibility to maintain all required documentation in each employee's record for each 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges 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 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 their 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 acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend the issuance of a six-month temporary small group home adult foster care license, and special certification for the developmentally disabled and mentally ill populations, with a licensed capacity of five (5) residents.

Cathy Cushman

04/13/2022

Cathy Cushman
Licensing Consultant

Date

Approved By:

Dawn Timm

04/13/2022

Dawn N. Timm
Area Manager

Date