



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 3, 2022

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

RE: Application #: AL110409227
Beacon Home at Eau Claire
7014 Clawson Rd.
Eau Claire, MI 49111

Dear Nichole VanNiman:

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 12 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW, 7th Floor-Unit 13
Grand Rapids, MI 49503
(269) 615-5050

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL110409227
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:	Nichole VanNiman
Administrator:	Nichole VanNiman
Name of Facility:	Beacon Home At Eau Claire
Facility Address:	7014 Clawson Rd. Eau Claire, MI 49111
Facility Telephone #:	(269) 427-8400
Application Date:	06/23/2021
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

06/23/2021	Enrollment
06/23/2021	Lic. Unit file referred for background check review Red Screens - AM030402101, AS800095868, AM490380697, AS250387844
06/23/2021	Inspection Report Requested - Health 1031724
07/01/2021	Inspection Report Requested - Fire
07/01/2021	File Transferred To Field Office GR - via SharePoint
07/02/2021	Application Incomplete Letter Sent
08/24/2021	Contact- Document received- Items on Application Incomplete Letter
10/13/2021	Contact- Document received- Change in Capacity Request
11/09/2021	Contact- Document received- Items on Application Incomplete Letter
12/02/2021	Inspection Completed On-site-Full Compliance
02/09/2022	Contact- Document received- Bureau of Fire Services Report
02/10/2022	Contact- Document received- Floor plan
02/17/2022	Contact- Document received- Variance Request
02/18/2022	Contact- Document received- Variance Approval
02/22/2022	Contact- Document sent- Physical plant questions
02/23/2022	Contact- Document received- Physical plant response

A. Physical Description of Facility

This ranch style home is located in Eau Claire, MI on a quiet dirt road off of M-62 near Brush Lake and Indian Lake. The home is a stick-built construction with a basement that houses the heat plant of the home. A variance has been approved for an 8 ft' tall wooden fence that encloses the south, west, and north sides of the home. The fence has two standard size entrance/exits and a large entrance/exit for service vehicles. The entrances/exits are locked and accessible by code, but release in the event of fire or

power outage. There are three exits from the home, with appropriate ramp termination, that lead to the fence exits. There is one door at the front of the home that will remain locked but accessible to walk up visitors for entrance.

There is a ramp leading to the primary entrance behind the fenced area on the north side of the home. Immediately through that entrance is a common area. To the east of the common area is the first semi-private resident bedroom. Next to the first bedroom is a full bathroom for resident use. Through the first common area, there is a second common area. Off the second common area is the locked medication room, a half bath for resident use, and a door enclosing stairs leading to the basement. The basement will not be utilized by residents and the door provides floor separation.

West of the second common area is a third common area. This common area has a second entrance/exit leading to the fence exit area and another entrance/exit leading to the porch of the home. There is also another door enclosing a set of stairs leading to the basement. West of this common area is the kitchen and dining area. There is a third exit to the fenced in area off the kitchen, in addition to a half bathroom and storage room.

South of the second common area is a fourth common area. To the east of this common area is the entrance to a private resident bedroom. To the south of this common area is a hallway that leads to a semi-private bedroom on the east, as well as a semi-private bedroom and a full bathroom for resident use on the west. At the end of the hallway, there is one semi-private bedroom with a private half bath to the east, one semi-private bedroom with a shared "Jack and Jill" half-bath to the south, and another semi-private bedroom sharing the "Jack and Jill" half-bath to the west. There is also a laundry room and an exit to the porch at this end of the home. Due to having ramps at the three primary exits of the home, the home is wheelchair accessible.

The home uses a private septic system and private well. Both received a passing Environmental Health Inspection on 09/02/2022. There are two gas furnaces and one gas hot water heater located in the basement of the home. The doors to the basement heat plant are 1 ¾ inch solid core doors, in fully stopped frames, equipped with automatic self-closing devices and positive latching hardware providing enclosure and floor separation.

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. Fire extinguishers are installed on each floor of the home. In addition, the home has an approved sprinkler system.

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

Bedroom #	Dimensions	Total Square Footage	Number of Resident Beds
1	14'1" x 13'8"	193.7	2
2	7'6" x 15' 9"	118.4	1

3	12'10" x 10'11"	140.7	2
4	16'11" x 11'4 "	193.4	2
5	13'8" x 16'3"	182.8	2
6	11'8" x 11'11"	139.5	2
7	13'3" x 13'11"	186	2

The dining and communal areas measure a total of 793 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 12 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 12 male or female ambulatory or non-ambulatory adults whose diagnosis is developmentally disabled and/or mentally ill, in the least restrictive environment possible. Ms. VanNiman agreed to provide care only for the populations the home is licensed for. 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.

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 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 shopping centers, community centers, and local parks. The applicant intends to accept both contracted and private-pay residents from a variety of sources. The licensee will provide transportation for medical appointments as determined in the residents agreement for care.

C. Applicant and Administrator Qualifications

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's prior financial statements and the budget statement submitted to operate the adult foster care home. The applicant also has income from operating numerous other adult foster care homes in the State of Michigan.

A background check was conducted and determined that Ms. VanNiman, the Licensee Designee, is of good moral character and eligible for employment in a licensed adult foster care home. Ms. VanNiman submitted a statement from a physician documenting her good health and current TB-tine negative results. She has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

Ms. VanNiman has provided proof of sufficient education and training. She has experience providing direct care to residents. She has been active as the Licensee Designee of multiple adult foster care homes since 2019.

The staffing pattern for the original license of this 12-bed home is adequate and includes a minimum of two staff to 12 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 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 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, 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 of the residents' 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.

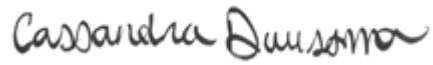
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

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

III. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 12).



03/03/2022

Cassandra Duursma
Licensing Consultant

Date

Approved By:



03/03/2022

Jerry Hendrick
Area Manager

Date