



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 12, 2022

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

RE: Application #: AS800412533  
Beacon home at 62nd St.  
63059 62nd St.  
Hartford, MI 49057

Dear Ms. Howard:

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 blue ink that reads "KDuda".

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AS800412533

**Applicant Name:** Beacon Specialized Living Services, Inc.

**Applicant Address:** Suite 110  
890 N. 10th St.  
Kalamazoo, MI 49009

**Applicant Telephone #:** (269) 427-8400

**Administrator/Licensee Designee:** Kimberly Howard

**Name of Facility:** Beacon home at 62nd St.

**Facility Address:** 63059 62nd St.  
Hartford, MI 49057

**Facility Telephone #:** (269) 427-8400

**Application Date:** 05/02/2022

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

05/02/2022	Enrollment
05/02/2022	Inspection Report Requested - Health 1032589
05/02/2022	Lic. Unit file referred for background check review Red Screens
05/02/2022	Contact - Document Received 1326, afc 100, app, mc, 1609
05/31/2022	Application Incomplete Letter Sent Letter sent to administrator via email.
07/12/2022	Application Complete/On-site Needed
07/14/2022	Inspection Completed On-site
07/28/2022	Inspection Completed On-site
07/28/2022	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This single-story ranch style home is in a rural area located in Hartford, MI. The home has five bedrooms, three full bathrooms, a dining room, living room, kitchen, laundry room, medication room, and staff office. The home has a crawl space where the water heater and furnace are located. The home is not wheelchair accessible and has three means of egress.

On file is verification that the property owner (Beacon Real Estate Holdings, LLC) has a signed lease with the applicant (Beacon Specialized Living Services, Inc.) and has granted permission to have it used for adult foster care.

The home is in substantial compliance with rules pertaining to Environmental Health. On file is verification that an environmental inspection was completed by the Van Buren Health Department on 5/26/2022. The inspection approved the home's private water and sewer system.

The home is in substantial compliance with rules pertaining to fire safety. There is a propane fired furnace that was inspected and approved by a qualified service on 5/17/2022. The furnace is located in a crawl space that is accessed outside of the

home. The home has an electric water heater and is equipped with an interconnected hardwired smoke detection system that was inspected and approved by a qualified service.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'5"x9'7"	147.7	1
2	17'3"x9'7"	165.3	2
3	12'9"x11'10"	150.9	1
4	10'1"x15'11"	202.9	1
5	16'9"x7'3"	121.4	1

The living room and dining room areas measure to be a total of 550.2 square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate six (6) 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 (6) male or female ambulatory adults whose diagnosis is developmentally disabled and/or mentally impaired. 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. Individuals admitted into the facility will have a specific diagnosis and identified language in their individual plans of services pertaining to the need to reside in a secure, locked facility. 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 the prior approval of the residents, their guardians, and their responsible agencies.

### **C. Rule/Statutory Violations**

The applicant is Beacon Specialized Living Services, Inc., a domestic 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 licensing record clearance request was completed with no LEIN convictions recorded for the appointed licensee designee Nichole VanNiman and administrator Kimberly Howard. Ms. VanNiman and Ms. Howard submitted a medical clearance request with statements from a physician documenting their good health and current TB screenings with negative results.

Ms. VanNiman and Ms. Howard have provided documentation to verify their extensive education and experience providing adult foster care to mentally ill and developmentally disabled adults. Both satisfy the qualification and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6 (six) bed facility is adequate and includes a minimum of one (1) staff -to- six (6) 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 acknowledges 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 acknowledges 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](http://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 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.

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 issuance of a temporary license to this AFC adult small group home (capacity 1-6).



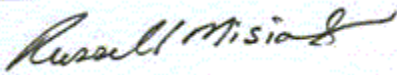
8/12/22

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Kristy Duda  
Licensing Consultant

Date

Approved By:



8/12/22

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Russell B. Misiak  
Area Manager

Date