



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

December 28, 2023

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

RE: Application #: AS390417777
Beacon Home at Kobza
135 Ridgewood St.
Kalamazoo, MI 49001

Dear Ramon 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 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 cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems
427 East Alcott
Kalamazoo, MI 49001

enclosure

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

I. IDENTIFYING INFORMATION

License #: AS390417777

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: Ramon Beltran

Administrator: Aubry Napier

Name of Facility: Beacon Home at Kobza

Facility Address: 135 Ridgewood St.
Kalamazoo, MI 49001

Facility Telephone #: (269) 214-4341

Application Date: 09/11/2023

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODOLOGY

09/11/2023	Enrollment
09/11/2023	Lic. Unit file referred for background check review-Red Screens
09/11/2023	Application Incomplete Letter Sent-1326/RI 030/Fingerprint for LD
09/11/2023	PSOR on Address Completed
09/27/2023	Contact - Document Received-1326/RI 030 for Ramon Beltran (referred to C Coburn for review)
09/28/2023	File Transferred To Field Office Lansing via SharePoint
10/03/2023	Application Incomplete Letter Sent
10/04/2023	Contact - Document Received-Facility/Licensee Records
10/17/2023	Contact - Document Received-Inspection Reports
10/27/2023	Contact - Document Received-TB results for licensee designee
10/27/2023	Application Complete/On-site Needed
12/08/2023	Inspection Completed On-site
12/08/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility:

This facility has been licensed as an adult foster care facility since 1999 and is now undergoing a change in licensee or a change in ownership.

Beacon Home at Kobza is a two-level walkout, wood frame dwelling located in the city of Kalamazoo near Bronson Hospital, parks, and convenience stores. The main level has one resident bedroom with a private full bathroom that has a shower, a full bathroom with a shower and tub for residents, a living room, kitchen, dining room and a staff office. The lower level has two resident bedrooms, one full resident bathroom with a shower and tub, a living room, laundry room and storage room. The facility does not have two approved means of egress equipped with ramps or located at grade therefore is not wheelchair accessible. The facility utilizes public water supply and public sewage disposal system.

There is a gas furnace and water heater located on the lower level of the home in an approved heating plant room constructed of material which has a 1-hour-fire resistance rating and equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door to the lower level is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs. The furnace was inspected and approved on 7/20/2023 by a licensed professional.

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 were located on each level of the home, in sleeping areas, and in areas of the home that contain heat producing equipment. The facility is equipped with fire extinguishers which are located on each floor of the home.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	13'11" x 11"	144 sq. ft.	2
2	14'6" x 9'10"	132 sq. ft.	2
3	14'8" x 10' 7"	158 sq. ft.	2

The indoor living and dining areas measure a total of 650 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(s) intends to provide 24-hour supervision, protection, and personal care to six male and/or female residents who are mentally ill and 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, day programs or employment and transportation. The applicant intends to accept residents 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 libraries, shopping centers, churches, parks, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

C. Applicant and Administrator Qualifications:

The applicant is Beacon Specialized Living Services, Inc., a “For Profit Corporation” established in Michigan in 1996. 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, Inc have submitted documentation appointing Ramon Beltran as licensee designee for this facility and Aubry Napier as the administrator of the facility.

Criminal history background checks of Ramon Beltran and Aubry Napier were completed, and they were determined to be of good moral character to provide licensed adult foster care. Ramon Beltran and Aubry Napier submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ramon Beltran and Aubry Napier have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Ramon Beltran and Aubry Napier are currently the licensee designee and administrator for several adult foster care homes owned and operated by Beacon Specialized Living Services, Inc therefore have an abundance of experience working with mentally ill and developmentally disabled populations.

The staffing pattern for the original license of this six bed facility is adequate and includes a minimum of one direct care staff for six residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased 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 acknowledge 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 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 of the resident's 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.

The applicant 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 six-month temporary license to this adult foster care family home with a capacity of six residents.



Ondrea Johnson
Licensing Consultant

12/27/2023
Date

Approved By:



12/28/2023

Dawn N. Timm
Area Manager

Date