



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

October 16, 2018

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

RE: License #: AS440392507
Beacon Home At Lapeer
2368 Greenwood Rd.
Lapeer, MI 48446

Dear Ms. Eagle:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (810) 787-7031.

Sincerely,

Crecendra Brown

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

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

I. IDENTIFYING INFORMATION

License #: AS440392507

Licensee Name: Beacon Specialized Living Services, Inc.

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

Licensee Telephone #: (269) 427-8400

Licensee/Licensee Designee: Rebecca Eagle

Administrator: Rebecca Eagle

Name of Facility: Beacon Home At Lapeer

Facility Address: 2368 Greenwood Rd.
Lapeer, MI 48446

Facility Telephone #: (269) 427-8400

Original Issuance Date: 05/08/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/11/2018

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 03/18/2018

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14206 Staffing requirements.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

Resident KH requires 2 staff assistance for fire drills and the facility is only scheduling 1 staff on third shift.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determined that the resident is suitable pursuant to all of the following provisions:

(a) The amount of personal care, supervision, and protection that is required by the resident is available in the home.

(b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.

(c) The resident appears to be compatible with other residents and members of the household.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident DM and Resident RW assessment plans were missing required information. Resident RW's assessment plan was missing his guardian's signature.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident DM's Part I form did not have any signatures. Resident DM and Resident RW's Funds Part II forms did not have documentation of their AFC Services Payments.

R 400.14316 Resident records.

(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

- (a) Identifying information, including, at a minimum, all of the following:
 - (i) Name.
 - (ii) Social security number, date of birth, case number, and marital status.
 - (iii) Former address.
 - (iv) Name, address, and telephone number of the next of kin or the designated representative.
 - (v) Name, address, and telephone number of the person and agency responsible for the resident's placement in the home.
 - (vi) Name, address, and telephone number of the preferred physician and hospital.
 - (vii) Medical insurance.
 - (viii) Funeral provisions and preferences.
 - (ix) Resident's religious preference information.
- (b) Date of admission.

Resident DM and Resident RW did not have a Resident Information Sheet on file in the home.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan and acceptable verification of special certification, renewal of the license and special certification is recommended.

Crescandra Brown

October 16, 2018

Date

Licensing Consultant