



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 29, 2019

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

RE: License #: AS250387844
Beacon Home at Washburn
8012 Washburn Rd.
Goodrich, MI 48438

Dear Ms. Williams:

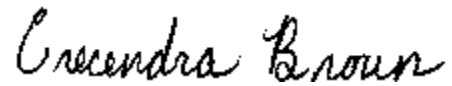
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,

A handwritten signature in black ink that reads "Crecendra Brown". The script is cursive and fluid.

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 #: AS250387844

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: Melissa Williams

Administrator: Melissa Williams

Name of Facility: Beacon Home at Washburn

Facility Address: 8012 Washburn Rd.
Goodrich, MI 48438

Facility Telephone #: (810) 636-2281

Original Issuance Date: 09/07/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/28/2019

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

Date of Health Authority Inspection if applicable: 06/27/2019

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Home 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: Renewal Inspection Report dated February 20, 2018, Special Investigation initiated June 25, 2018, Special Investigation initiated June 28, 2018, Special Investigation initiated August 22, 2018, Special Investigation initiated September 5, 2018 and Special Investigation initiated February 11, 2019. N/A
- Number of excluded employees followed-up? 1 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 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(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 A's assessment plan was not completed, possible needs were not assessed and signature page was blank. Resident A had an additional intake assessment on file that did not assess all of his required possible needs and was last signed by his guardian on July 17, 2018, which is past the annual completion date. The following was not assessed on Resident A's assessment plan: smoking, appropriately uses alcohol/drugs, bathing, grooming, stair climbing, susceptible to hypothermia or hyperthermia, adult activity program, senior center, family/friends visitation and medications taken at time of assessment.

Resident B's assessment plan on file in the home does not assess all of his required possible needs. The following was not assessed on Resident B's assessment plan: smoking, grooming, stair climbing, susceptible to hypothermia or hyperthermia, adult activity program, senior center, family/friends visitation and medications taken at time of assessment.

Resident C's assessment plan has no date for when the Licensee Designee signed the document.

REPEAT VIOLATIONS ESTABLISHED.

Renewal LSR dated February 21, 2018, Special Investigation 2018A0501039 dated 8/29/2018, Special Investigation 2018A0501045 dated October 19, 2018 and Special Investigation 2019A0501019 dated March 25, 2019.

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

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

Resident B's care agreement had two different signature pages. One page only has Resident B's signature and the responsible agency representative's signature. The next signature page had Resident A's signature with the date January 2, 2018 and Licensee Designee Melissa Williams's signature with no date.

REPEAT VIOLATION ESTABLISHED.
Renewal LSR dated February 21, 2018.

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 A's and Resident B's Resident Funds Record Part I form has no date on it.

Resident B's Resident Funds Part II form was blank with no payment for adult foster care services on it.

Resident C's Resident Funds Part II form only had two recorded cost of care payments for April 2019 and May 2019.

REPEAT VIOLATION ESTABLISHED.
Renewal LSR dated February 21, 2018.

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.
- (c) Date of discharge and the place to which the resident was discharged.

Resident A, Resident B and Resident C do not have funeral provisions or preferences on file in the home.

REPEAT VIOLATION ESTABLISHED.
Renewal LSR dated February 21, 2018.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Facility was missing 2018 fire drills for the evening hours during the second, third and fourth quarter of the year.

REPEAT VIOLATION ESTABLISHED.
Renewal LSR dated February 21, 2018.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

Multiple resident bedrooms were not clean, not comfortable in appearance, no sheets on the beds, clothes on the floor, debris and food on the floor.

IV. RECOMMENDATION

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

Crescenda Brown

August 29, 2019

Date

Licensing Consultant