



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 16, 2021

Amy Hart  
Beacon Harbor Homes, Inc.  
Suite 1  
3689 Fashion Square Blvd  
Saginaw, MI 48603

RE: License #: AS730249967  
**Piper Home**  
**806 Piper**  
**Saginaw, MI 48604**

Dear Mrs. Hart:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification is valid only at your present address and is nontransferable.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 240-2478



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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS730249967
<b>Licensee Name:</b>	Beacon Harbor Homes, Inc.
<b>Licensee Address:</b>	Suite 1 3689 Fashion Square Blvd Saginaw, MI 48603
<b>Licensee Telephone #:</b>	(989) 792-1891
<b>Licensee/Licensee Designee:</b>	Amy Hart
<b>Administrator:</b>	Amy Hart
<b>Name of Facility:</b>	Piper Home
<b>Facility Address:</b>	806 Piper Saginaw, MI 48604
<b>Facility Telephone #:</b>	(989) 754-2933
<b>Original Issuance Date:</b>	08/01/2002
<b>Capacity:</b>	6
<b>Program Type:</b>	MENTALLY ILL
<b>Certified Programs:</b>	MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2021

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

Date of Environmental/Health Inspection if applicable: N/A

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: N/A

- 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.  
It was not meal time at time of inspection.
- 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:  
4/8/21 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and mentally ill special certification.



8/16/2021

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Christina Garza  
Licensing Consultant

Date