



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 5, 2021

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

RE: License #: AL800278708
Beacon Home at Wave Crest
28840 63rd Street
Bangor, MI 49013

Dear Ms. VanNiman:

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.

Contingent upon receipt of an acceptable corrective action plan, as well as the resolution of Special Investigation #2021A0581031, renewal of the AFC license and Special Certification for the mentally ill and developmentally disabled population is recommended. 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 (517) 284-9730.

Sincerely,



Michele Streeter, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 251-9037

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

I. IDENTIFYING INFORMATION

License #: AL800278708

Licensee Name: Beacon Specialized Living Services, Inc.

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

Licensee Telephone #: (269) 427-8400

Licensee Designee: Nichole VanNiman

Administrator: Israel Baker

Name of Facility: Beacon Home at Wave Crest

Facility Address: 28840 63rd Street
Bangor, MI 49013

Facility Telephone #: (269) 427-8400

Original Issuance Date: 03/21/2006

Capacity: 16

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/07/2021, 05/04/2021

Date of Bureau of Fire Services Inspection if applicable: 02/26/2021

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 7

No. of others interviewed [redacted] Role: [redacted]

- 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.
No meal prepared at the time of on-site 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:
11/13/2019 al312(6) 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 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.

FINDING: On 04/07/2021 I conducted a review of employee records. According to facility documentation, direct care worker Amanda Everett was hired on 07/21/2020. At this time, due to the COVID 19 pandemic and with permission from the department, the licensee conducted their own pre-employment physical assessment on Ms. Everett. It was the department's expectation Ms. Everett receive a pre-employment physical assessment from a licensed physician, or his/her designee, when medical appointments became available. Other facility documentation confirmed that since at least November 2020, new employees received pre-employment physical assessments from an outside licensed physician or his/her designee. During the renewal inspection, there was no documentation verifying that once appointments became available, the licensee obtained a statement signed by a licensed physician, or his/her designee, attesting to the knowledge of Ms. Everett's physical health.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in

the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

FINDING: There was no documentation in Ms. Everett's employee record verifying she had been tested for TB prior to her assumptions of duties.

R 400.15208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(c) A copy of the employee's driver license if a direct care staff member or employee provides transportation to residents.

FINDING: There was a copy of Ms. Everett's driver's license in her employee record. However, this copy had expired.

A copy of direct care worker Erica Jones' driving license was not in her employee record.

R 400.15208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:
(e) Verification of experience, education, and training.

FINDING: There was no verification of Ms. Everett's, Ms. Jones', and direct care worker Michael Merritt's experience in their employee records.

R 400.15401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDING: During the on-site inspection, water tested at the sink in the kitchen was 101 degrees Fahrenheit.

Water tested at the sink in resident bathroom #1 was 73 degrees Fahrenheit.

Water tested at the sink in resident bathroom #2 was 102 degrees Fahrenheit.

Water tested at the sink in resident bathroom #3 was 93 degrees Fahrenheit.

Water tested at the sink in resident bathroom #4 was 91 degrees Fahrenheit.

R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDING: A floor tile in resident bedroom #11 was missing and could pose a safety risk.

R 400.15403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: There was a substantial amount of water pooling on the floor of the facility's basement.

R 400.15403 Maintenance of premises.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

FINDING: The facility is handicapped accessible and is equipped with ramps located at three approved means of egress. However, the ramps located on the two egresses off the back of the facility do not have handrails on the open sides.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, as well as the resolution of Special Investigation #2021A0581031, renewal of the AFC license and Special Certification for the mentally ill and developmentally disabled population is recommended.

Michele Streeter

05/05/2021

Michele Streeter
Licensing Consultant

Date