



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 4, 2021

Ramon Beltran, II
Galesburg Retirement Home LLC
Suite #110
890 North 10th Street
Kalamazoo, MI 49009

RE: License #: AM390337021
**Beacon Home at Stagecoach
11218 Miller Dr.
Galesburg, MI 49053**

Dear Mr. Beltran, II:

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 (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 #: AM390337021

Licensee Name: Galesburg Retirement Home LLC

Licensee Address: 11218 Miller Dr.
Galesburg, MI 49053

Licensee Telephone #: (269) 427-8400

Licensee Designee: Ramon Beltran

Administrator: Navi Kaur

Name of Facility: Beacon Home at Stagecoach

Facility Address: 11218 Miller Dr.
Galesburg, MI 49053

Facility Telephone #: (269) 200-5174

Original Issuance Date: 01/23/2013

Capacity: 12

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/06/2021, 06/03/2021

Date of Bureau of Fire Services Inspection if applicable: 01/29/2021

Date of Health Authority Inspection if applicable: 05/18/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 7
No. of residents interviewed and/or observed 5
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. No resident funds held in trust.
- 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:
11/06/2019: rules 310(1)(d), 301(4). 07/24/2019: rules 301(4)(6)(9), 403(1) 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:

MCL 400.734b Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h) or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: According to facility documentation, direct care worker McKenzie Taylor was hired on 12/14/2020. During the renewal inspection, the licensee did not have on record written verification Ms. Taylor completed the required background check and fingerprinting through the Workforce Background Check Program under the facility's account.

According to facility documentation, direct care worker Amanda Hale was hired on 06/04/2019. During the renewal inspection, the licensee did not have on record written verification Ms. Hale completed the required background check and fingerprinting through the Workforce Background Check Program under the facility's account.

R 400.14204 Direct care staff; qualifications and training.

(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas:

(c) Cardiopulmonary resuscitation.

FINDING: It was established the licensee did not have on record documentation confirming Ms. Hale was trained and competent in the area of CPR.

R 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

FINDING: It was established the licensee did not have on record an annual health review for Ms. Hale.

R 400.14208 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: It was established the licensee did not have on record a copy of a current driver's license for Ms. Taylor and Ms. Hale.

R 400.14210 Resident register.

A licensee shall maintain a chronological register of residents who are admitted to the home. The register shall include all of the following information for each resident:
(a) Date of admission.
(b) Date of discharge.
(c) Place and address to which the resident moved, if known.

FINDING: During the onsite inspection, it was established the resident register was not accurate.

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.

REPEAT FINDING: It was established Resident A and B's AFC assessment plans were missing the signatures of Residents A and B, and/or their responsible persons, Resident A and B's responsible agencies, and the licensee designee. Therefore, there was no way to confirm Resident A and B's AFC assessment plans were completed with all parties.

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

(8) A copy of the signed resident care agreement shall be provided to the resident or the resident's designated representative. A copy of the resident care agreement shall be maintained in the resident's record.

FINDING: It was established Resident C's written resident care agreement did not contain Resident C's signature.

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

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

R 400.14315 Handling of resident funds and valuables

(12) Charges against the resident's account shall not exceed the agreed price for the services rendered and goods furnished or made available by the home to the resident.

REPEAT FINDING: The date on Resident B's written resident care agreement was 01/03/2020. Therefore, there was no way to confirm the licensee reviewed/updated the agreement with Resident B, Resident B's responsible person, and Resident B's responsible agency, at least annually.

FINDING: Resident B, and/or Resident B's responsible person, currently pays the licensee \$907.50 a month for AFC services. However, because Resident B's written resident care agreement was not updated, documentation on Resident B's written resident care agreement indicated that on 01/03/2020, Resident B and his responsible person agreed to pay the licensee \$896.50 a

month for AFC services. The licensee is charging Resident B's account more than what was agreed upon in Resident B's written resident care agreement.

R 400.14313 Resident nutrition.

(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.

FINDING: During the onsite inspection, it was established weekly menus of regular diets were not posted in the facility.

R 400.14401 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.

FINDINGS: Water tested in the bathroom in resident bedroom #3 was 53 degrees Fahrenheit.

Water tested in the bathroom in resident bedroom #4 was 66 degrees Fahrenheit.

Water tested in the bathroom in resident bedroom #7 was 70 degrees Fahrenheit.

Water tested in shared bathroom #1 was 70 degrees Fahrenheit.

R 400.14401 Environmental health.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

FINDING: Several windows in resident bedrooms were missing mesh window screens.

R 400.14401 Environmental health.

(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.

FINDINGS: There were no individual towels and/or paper towels located in the bathrooms in bedrooms #2, #3, and #4.

There were no individual towels and/or paper towels located in shared bathroom #2.

R 400.14403 Maintenance of premises.

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

REPEAT FINDINGS: There was a bath towel, used dryer sheets and an excess of lint located behind the facility's dryer.

Bedroom #1 overwhelmingly smelled of human urine.

Bedroom #6 overwhelmingly smelled of human feces.

R 400.14403 Maintenance of premises.

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

FINDINGS: The toilets located in the bathrooms in bedrooms #1, #3, #4, and #7 require deep cleaning.

The trim on the wall around the shower in shared bathroom #1 was in need of repair.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic

temperature control and a pressure relief valve, both of which shall be in good working condition.

FINDING: The toilet in the bathroom in bedroom #3 appeared to be leaking as evidenced by a soiled/wet towel laying around the base of the toilet.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification for the mentally ill and developmentally disabled populations is recommended.

Michele Streeter

06/04/2021

Michele Streeter
Licensing Consultant

Date