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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 4, 2021

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

RE: License #: AS390406165

Beacon Home at Richland 9445 N. 24th St. Richland, MI 49083

#### 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.

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 Struter

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 #:** AS390406165

**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: Patricia Miller

Name of Facility: Beacon Home at Richland

Facility Address: 9445 N. 24th St.

Richland, MI 49083

**Facility Telephone #:** (269) 488-0024

Original Issuance Date: 01/11/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/06/2021, 06/02/2021					
Date of Bureau of Fire Services Inspection if applicable: N/A					
Date of Health Authority Inspection if applicable: N/A					
Inspection	n Type:	☐ Interview and Obse	ervation		
No. of res	aff interviewed and sidents interviewed ners interviewed			3 5	
• Medi	cation pass / simu	lated pass observed? `	Yes 🛚	No ☐ If no, explain.	
• Medi	cation(s) and med	lication record(s) review	/ed? Ye	es 🗵 No 🗌 If no, explain.	
<ul><li>Yes</li><li>Meal</li><li>No m</li></ul>	Yes ☑ No ☐ If no, explain.  • Meal preparation / service observed? Yes ☐ No ☑ If no, explain.  No meal prepared at the time of onsite inspection.				
• Fire	safety equipment a	and practices observed	? Yes	⊠ No  lf no, explain.	
If no,	, explain.	pecial Certification Only ecked? Yes ⊠ No □	_		
• Incid	ent report follow-u	p? Yes⊠ No ☐ If no	o, expla	in.	
• Corre	ective action plan ∈ N/A ⊠	compliance verified? Y	es 🗌 (	CAP date/s and rule/s:	
• Num		mployees followed-up?	١	N/A 🖂	
<ul><li>Varia</li></ul>	ances? Yes 🗌 (pl	ease 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 Aneshia Richardson was hired on 03/08/2021. During the renewal inspection, the licensee did not have on record written verification Ms. Richardson 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 Nikkole Hegler was hired on 03/08/2021. During the renewal inspection, the licensee did not have on record written verification Ms. Hegler completed the required background check and fingerprinting through the Workforce Background Check Program under the facility's account.

### R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

FINDING: If there is no heat plant enclosure and the heat plant and/or flame-producing water heater is located in an open area in the lower level, then any storage of combustible materials can be located as far away from the units as possible but no closer than 4 feet to that heating unit or water heater.

As required, because there are resident bedrooms located in the lower level, the heat plant and water heater are located inside a one-hour fire rated enclosure, also located in the lower level. During the onsite inspection it was discovered combustible materials were stored inside the one-hour fire rated enclosure. Storage of combustible materials is not permitted in one-hour rated enclosures.

Combustible materials refers to those materials which catch fire, burn, or smolder, when subjected to various degrees of heat. Such materials would include, but are not limited to, flammable liquids, paper, cloth, wood, plastic, vinyl, leather, etc.

## IV. RECOMMENDATION

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

michele Struter 06/04/2021

Michele Streeter Date

**Licensing Consultant**