

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

November 9, 2021

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

RE: License #: AM800084653

Beacon Home at Meadowland 56844 48th Avenue

Lawrence, MI 49064

Dear Ms. VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It 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,

Ondrea Johnson, Licensing Consultant

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Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #: AM800084653

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: Kimberly Howard

Name of Facility: Beacon Home at Meadowland

Facility Address: 56844 48th Avenue

Lawrence, MI 49064

Facility Telephone #: (269) 674-7306

Original Issuance Date: 09/28/1999

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

II. METHODS OF INSPECTION

Date	of On-site Inspection(s): 10/25/2021
Date	of Bureau of Fire Services Inspection if applicable: 1/8/2021
Date of Health Authority Inspection if applicable: 11/4/2021	
Insp	ection Type:
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 7 of others interviewed 0 Role: 0
•	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ 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 $oxtimes$ No $oxtimes$ If no, explain.
	E-scores reviewed? (Special Certification Only) Yes No N/A 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: N/A □ Number of excluded employees followed-up? N/A ⊠
•	Variances? Yes ☐ (please explain) No ⊠ N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in non-compliance with the following applicable rules and statutes:

R 400.14403 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.

FINDINGS: Basement ceiling and hole in resident bedroom wall both in need of repair.

A corrective action plan was requested and approved on 11/01/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Ondrea Ophradi Ondrea Johnson

Licensing Consultant

11/9/2021

Date