



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 18, 2020

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

RE: License #: AS330392259  
**Beacon Home at Leslie**  
**4066 Oak Road**  
**Leslie, MI 49251**

Dear Mr. Kalinowski:

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

**OR**

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.

**OR**

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: *(choose one or more)*

- You are to submit documentation of compliance.
- You are to submit a Statement of Correction.
- An on-site inspection will be conducted.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is renewed. It is valid only at your present address and is nontransferable.

**OR**

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 and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

**OR**

A six-month provisional license and special certification is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license and special certification, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

**OR**

Attached is the Renewal Licensing Study Report for the facility referenced above. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, refusal to renew the license and special certification is recommended. You will be notified in writing of the Department's intention and your options for resolution of this matter.

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,

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems

611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

**License #:** AS330392259

**Licensee Name:** Beacon Specialized Living Services, Inc.

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

**Licensee Telephone #:** (269) 427-8400

**Licensee/Licensee Designee:** Kevin Kalinowski, Designee

**Administrator:**

**Name of Facility:** Beacon Home at Leslie

**Facility Address:** 4066 Oak Road  
Leslie, MI 49251

**Facility Telephone #:** (269) 427-8400

**Original Issuance Date:** 05/21/2018

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/18/2020

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed   
No. of residents interviewed and/or observed   
No. of others interviewed  Role:

- 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.
- 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: 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 determined to be in substantial compliance with rules and requirements. *(remove if this does not apply)*

The facility is in compliance with all applicable rules and statutes.







#### **IV. RECOMMENDATION**

I recommend issuance of a 2 year regular adult foster care license.

**OR**

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

**OR**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

**OR**

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.

**OR**

Refusal to renew the license is recommended.

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Leslie Herrguth  
Licensing Consultant

Date