



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 23, 2021

Ramon Beltran, II  
Kobza Adult Foster Care Inc  
890 N. 10th Street Suite 110  
Kalamazoo, MI 49009

RE: License #: AS390083143  
**Beacon Home at Kobza**  
**135 Ridgewood**  
**Kalamazoo, MI 49001**

Dear Mr. Beltran, II:

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,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
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**

<b>License #:</b>	AS390083143
<b>Licensee Name:</b>	Kobza Adult Foster Care Inc
<b>Licensee Address:</b>	135 Ridgewood Kalamazoo, MI 49003
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Ramon Beltran, II
<b>Administrator:</b>	Aubry Napier
<b>Name of Facility:</b>	Beacon Home at Kobza
<b>Facility Address:</b>	135 Ridgewood Kalamazoo, MI 49001
<b>Facility Telephone #:</b>	(269) 214-4341
<b>Original Issuance Date:</b>	01/15/1999
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL



### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in noncompliance with the following applicable rules and statutes:

R 400.14315            **Handling of resident funds and valuables.**

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

FINDINGS: A department form is not used for resident funds transactions/tracking.

R. 400.144403            **Maintenance of premises**

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

FINDINGS: Downstairs bathroom unclean (worn toilet seat, rust/mildew stains on wall near tub, missing caulk around sink), floor outside of bathroom dirty and dirty clothes on floor, Grips on steps need repair

A corrective action plan was requested and approved on 09/22/2021. 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 Johnson  
Licensing Consultant

09/23/2021  
Date