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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 27, 2021

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

RE: License #: AS730407067
Beacon Home at Saginaw
7705 Dutch Rd
Saginaw, MI 48609

Dear Ms. Rawlings:

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 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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(989) 293-3234

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

I. IDENTIFYING INFORMATION

License #:	AS730407067
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:	Kimberly Rawlings
Administrator:	Gerald Ross
Name of Facility:	Beacon Home at Saginaw
Facility Address:	7705 Dutch Rd Saginaw, MI 48609
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	04/09/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2021

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 1
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Recipient Rights Officer

- Medication pass / simulated pass observed? Yes No If no, explain. There were no residents in care.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain. No residents were in care.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No residents.
- Meal preparation / service observed? Yes No If no, explain. No residents.
- 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: CAP dated 10/13/2021, R400.14206(2) and R400.14301(4). CAP dated 10/19/2021, R400.302(5)(a), R400.14403(1), and R400.14206(2). N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A Variance granted 10/15/2021, R400.14304(1).

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a regular 2-year license to this AFC adult small group home (capacity 1-6).

Kathryn A. Huber

10/27/2021

Kathryn A. Huber
Licensing Consultant

Date