



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 12, 2022

Ramon Beltran  
DuNord, Inc  
Suite 110  
890 North 10th Street  
Kalamazoo, MI 49009

RE: License #: AM390259947  
Investigation #: 2022A0581024  
Beacon Home at River Run

Dear Mr. Beltran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 615-5190

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM390259947
<b>Investigation #:</b>	2022A0581024
<b>Complaint Receipt Date:</b>	03/09/2022
<b>Investigation Initiation Date:</b>	03/10/2022
<b>Report Due Date:</b>	05/08/2022
<b>Licensee Name:</b>	DuNord, Inc
<b>Licensee Address:</b>	555 Railroad Street Bangor, MI 49013
<b>Licensee Telephone #:</b>	(269) 344-7972
<b>Administrator:</b>	Aubrey Napier
<b>Licensee Designee:</b>	Ramon Beltran
<b>Name of Facility:</b>	Beacon Home at River Run
<b>Facility Address:</b>	716 Leenhouts Kalamazoo, MI 49048
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Original Issuance Date:</b>	05/12/2006
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/20/2021
<b>Expiration Date:</b>	01/19/2023
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Residents are paid in cigarettes for completing chores.	No
Resident A is yelled at by direct care staff and direct care staff allow residents to threaten and assault Resident A.	No
Resident A has lost significant weight since residing in the facility and the facility hasn't addressed it.	No
Direct care staff don't assist residents with their laundry and don't provide them with an opportunity to launder their clothing.	No
Direct care staff stole Resident A's clothing and gave them to other residents. Direct staff get into Resident A's locker and take her belongings.	No
The facility's refrigerator and stove are not clean.	No
The facility has an odor.	Yes

## III. METHODOLOGY

03/09/2022	Special Investigation Intake 2022A0581024
03/09/2022	APS Referral APS received the allegations but denied investigating.
03/09/2022	Referral - Recipient Rights Referred to Kalamazoo Recipient Rights; however, Resident A is not their client.
03/10/2022	Special Investigation Initiated - On Site Interviewed residents and staff.
03/10/2022	Contact - Document Sent Emailed home manager, Brittany Miller and Administrator, Aubry Napier, requesting resident documentation and informing of physical plant concerns.
03/10/2022	Contact - Document Received Email from Ms. Napier indicating Ms. Miller would get the resident documents to me by 03/11/2022.
03/11/2022	Contact – Telephone call made Interview with Administrator, Aubry Napier.
03/14/2022	Contact - Document Received Received additional information in Intake # 185746

03/15/2022	Contact – Document Received Additional allegations received.
03/24/2022	Inspection Completed On-site Interviewed residents and staff. Obtained documentation
03/24/2022	Contact - Document Received Weight records and Next Step notes
03/31/2022	Inspection Completed-BCAL Sub. Compliance
03/31/2022	Contact – Telephone call made Left message with direct care staff, Arethia Dixon.
04/04/2022	Referral - Recipient Rights Referred to Central Michigan Community Mental Health.
04/04/2022	Exit conference with Nichole VanNiman. Licensee designee, Ramon Beltran, was out of the office and Ms. VanNiman was filling in for him while he was away.
04/04/2022	Contact – Telephone received Interview with Arethia Dixon.

**ALLEGATION:**

**Residents are paid in cigarettes for completing chores.**

**INVESTIGATION:**

On 03/09/2022, I received this complaint through the Bureau of Community Health Systems on-line complaint system as a referral from Adult Protective Services (APS), which denied investigating the complaint. The complaint provided no additional information other than residents were being paid in cigarettes to complete chores.

On 03/10/2022, I conducted an unannounced on-site inspection at the facility, as part of my investigation. I interviewed direct care staff members Amanda Walton, Trinity Spiece, and Teneasha Starling. Ms. Walton stated it was her first day and therefore was unable to provide any information regarding the allegations.

Ms. Spiece denied residents being paid in cigarettes to complete chores. Ms. Spiece stated if residents run out of their personal cigarettes, then they can earn facility

cigarettes if they complete their personal goals like completing laundry, showering, etc. Ms. Spiece stated residents are not expected to complete staff duties like sweeping, cleaning up the kitchen, taking out garbage, unless it's indicated in the resident's assessment plan. Ms. Starling's statement to me was consistent with Ms. Spiece's statement to me.

I also interviewed Resident A, B, C, D, and E. None of the residents indicated they had specific chores to complete because direct care staff weren't completing their direct care staff duties. None of the residents indicated they were expected to complete chores or indicated they got into trouble/reprimanded for not completing them. Resident B and Resident C both indicated residents who smoke can "earn points", which can be used for obtaining cigarettes. They stated points were earned by completing their personal goals indicated in their plans. They both indicated examples of a resident's goals could be sweeping the floor, keeping their rooms clean, or showering.

I reviewed Resident A's, B's, C's, D's, and E's *Assessment Plan for AFC Residents*, which all indicated the residents are either encouraged to participate in household chores, do participate in household chores and/or will ask direct care staff if they can assist with anything around the facility.

On 03/11/2022, I interviewed the facility's Administrator, Aubry Napier, via telephone. Ms. Napier indicated residents can earn up to three cigarettes per day for completing their own activities of daily living (ADLs) like showering. She indicated it was a reward rather than payment. She stated residents are not expected to complete any type of chores if they don't want to or because staff aren't completing their duties.

On 04/04/2022, I interviewed direct care staff, Arethia Dixon, who's statement to me was consistent with Ms. Spiece's, Ms. Starlings', and Ms. Napier's statement to me.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(2) All work that is performed by a resident shall be in accordance with the written assessment plan.</b>

<b>ANALYSIS:</b>	Based on my investigation, which included interviews with direct care staff members Trinity Spiece, Teneasha Starling, and Arethia Dixon, Administrator, Aubry Napier, and Residents A, B, C, D, and E and my review of <i>Assessment Plans for AFC Residents</i> , there is no evidence residents are performing work in the facility that is not indicated in their written assessment plans. Additionally, there is no evidence indicating residents are being paid with cigarettes to complete chores.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A is yelled at by direct care staff and direct care staff allow residents to threaten and assault Resident A.**

**INVESTIGATION:**

Additional allegations received alleged direct care staff yelled at Resident A for locking her bedroom door while she was taking a nap. The complaint also indicated Resident G threatened to stab Resident A, told her she was going to “spoon her eyeballs out”, and then hit Resident A in the face so her glasses fell off. The complaint alleged direct care staff are aware of Resident G’s behaviors but allow them to occur.

On 03/22/2022, I conducted another unannounced on-site investigation at the facility. I interviewed the facility’s home manager, Brittany Miller, and direct care staff Ms. Spiece. Ms. Miller denied direct care staff yelling at Resident A while she was sleeping or any other time. She stated there had been an incident where Resident A had been sleeping in her bedroom with the door locked; however, Resident A’s roommate couldn’t locate her key to get into the bedroom so direct care staff knocked loudly on the door requesting Resident A unlock the door. Additionally, Ms. Miller indicated another incident where Resident G “flicked” water at Resident A; however, there hadn’t been any verbal threats or a physical assault. Ms. Miller stated Resident G has a tracheostomy tube and is unable to speak well.

Ms. Miller provided me with the *AFC Licensing Division – Incident / Accident Reports (IR)* pertaining to both incidences. I reviewed the IR relating to the alleged physical assault, which indicated on 03/15/2022, Resident A reported Resident G hit her; however, when Ms. Miller talked to Resident G who indicated she had flicked water at Resident A because Resident A pushed passed her in the facility hallway. Resident G indicated to Ms. Miller Resident A called her “disabled and special” because of her tracheostomy tube. The IR stated when Resident A overheard Resident G’s account of the situation, Resident A began yelling profanities at Resident G. The IR indicated Resident A pulled her fist back like she was going to hit Resident G, but staff was able to get in between the two residents and verbally

redirect before anyone was assaulted. The IR stated Resident A continued yelling profanities at Resident A until she walked outside. The corrective measures on the IR indicated staff would continue to use “gentle teaching” when verbally redirecting and encourage Resident A to use her coping skills before engaging in aggressive behaviors.

The second IR was also dated 03/15/2022; however, the incident where Resident A’s roommate got locked out of the facility occurred later in the day. According to this IR, Resident A had been engaging in verbal assaults and threatening behavior to the other residents. After Resident A was verbally redirected by staff, she went into her room and locked her door. Resident A’s roommate came to staff later on indicating Resident A had locked her out of the bedroom and wouldn’t let her in. It was indicated in the IR staff went to Resident A’s bedroom door, knocked, and encouraged Resident A to let her roommate in. The IR stated Resident A responded to staff by saying “give [her] a second” however, Resident A continued to not let her roommate in the bedroom for another 45 minutes. The IR stated staff encouraged Resident A to open the door again and Resident A complied; however, she continued to display verbal aggression towards residents and staff. The corrective measures remained the same as the previous IR.

I also reviewed the facility’s notes pertaining to Resident A, which are logged in a software program called Nextstep. The Nextstep notes were consistent with what was written in the IR’s.

I observed Resident G during my on-site. I observed Resident G with a tracheostomy tube. Resident G was unable to speak; however, she was able to understand my questions and with the assistance of Ms. Miller, she was able to communicate with me. Ms. Miller was able to understand what Resident G was attempting to say due to her mannerisms, gestures, and mouthing words. Resident G denied verbally assaulting Resident A or physically assaulting her, but she acknowledged flicking water at her.

I interviewed Resident A regarding the allegations. Resident A acknowledged locking her door on her roommate and staff only yelling for her to open the door. She stated direct care staff members did not call her any names and were not inappropriate to her. Resident A’s statement to me about being assaulted by Resident G was consistent with the allegations. She maintained Resident G verbally threatened her and physically assaulted her.

Ms. Miller indicated Resident A’s behavior has improved significantly since Resident A’s doctor increased her Clozaril, an antipsychotic medication. She reported Resident A has been experiencing less delusions and hasn’t been engaging in verbal altercations with direct care staff or residents since the increase.

Ms. Dixon’s statement to me was consistent with what I reviewed in the IR’s, the Nextstep notes, and with Ms. Miller’s statement to me.



<b>APPLICABLE RULE</b>	
<b>R 400.14308</b>	<b>Resident behavior interventions prohibitions.</b>
	<b>(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.</b>
<b>ANALYSIS:</b>	There is no evidence indicating direct care staff mistreated Resident A when she wouldn't open her bedroom door so her roommate could enter. Resident A acknowledged she was asleep and staff had to raise their voice for her to get up and unlock the door. Additionally, there is no evidence indicating Resident A was verbally threatened or physically assaulted by Resident G and staff failed to intervene. Based on my observation of Resident G she is unable to speak due to her tracheostomy tube; therefore, she would be unable to verbally threaten Resident A.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A has lost significant weight since residing in the facility and the facility hasn't addressed it.**

**INVESTIGATION:**

The additional allegations received on 03/14/2022 alleged direct care staff are limiting Resident A's food portions and she had lost a significant amount of weight since moving into the facility.

During my 03/22/2022 on-site inspection, I interviewed Resident A regarding the allegations. Resident A stated she felt direct care staff member Arethia Dixon gave her the smallest pieces of French toast on purpose for breakfast one day. She stated Ms. Dixon was mad at her and treating her unfairly. Resident A stated she had lost weight since residing at the facility as she had been "walking a lot." She was unable to report her current weight.

Ms. Miller and Ms. Spiece reported there were no concerns with Resident A not eating or losing a significant amount of weight that was cause for concern. Ms. Spiece indicated staff try and serve residents with the same amount of food and if there were leftovers after everyone had been served then residents can have seconds.

During my inspection, I observed food being served to residents. I interviewed Resident E who reported no concerns with the amount of food served during mealtimes.

I reviewed Resident A’s weight chart, which indicated she weighed 259 lbs. when she was admitted to the facility on 03/01/2022. There were no additional weights that had been obtained since Resident A was admitted.

Ms. Dixon denied the allegations. Her statement to me was consistent with what was reported by Ms. Miller and Ms. Spiece. She stated she had actually provided Resident A with more, rather than less, servings regarding the time she served Resident A with French toast.

<b>APPLICABLE RULE</b>	
<b>R 400.14310</b>	<b>Resident health care.</b>
	<b>(4) In case of an accident or sudden adverse change in a resident's physical condition or adjustment, a group home shall obtain needed care immediately.</b>
<b>ANALYSIS:</b>	There is no evidence Resident A has experienced a sudden adverse change in her physical condition, like losing a significant amount of weight, and the facility failed to obtain medical care for her. Resident A was admitted to the facility on 03/01/2022 weighing 259 lbs. Due to Adult Foster Care licensing rules, the facility is only required to record monthly weights for residents; therefore, no additional weights were available for Resident A. Resident A reported she eats at the facility and indicated she lost weight from “walking a lot”.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Direct care staff don't assist residents with their laundry and don't provide them with an opportunity to launder their clothing.**

**INVESTIGATION:**

The complaint alleged direct care staff talk on their phones and don't assist residents with completing their laundry.

Ms. Spiece denied the allegation of staff not assisting residents with laundry. She stated due to the number of residents in the facility, each resident bedroom is assigned a specific laundry day when they are allowed to complete their laundry. She stated in addition to this assigned day, all residents are allowed to utilize Sunday as an extra laundry day. Ms. Spiece stated if residents experience incontinence or have a particularly soiled item, then they can do their laundry after the assigned residents for that specific day. She stated staff assist residents with their laundry by putting resident clothing and detergent in due to residents overloading the washers and causing issues.

Ms. Starling's, Ms. Napier's, and Ms. Dixon's statements to me were consistent with Ms. Spiece's statement to me.

Resident A's, B's, C's, D's, and E's statements to me were consistent with Ms. Spiece's statements to me indicating they have access and opportunity to complete their laundry on a regular basis.

<b>APPLICABLE RULE</b>	
<b>R 400.14314</b>	<b>Resident hygiene.</b>
	<b>(5) A licensee shall afford a resident with opportunities, and instructions when necessary, to routinely launder clothing. Clean clothing shall be available at all times.</b>
<b>ANALYSIS:</b>	Based on my interviews with residents and direct care staff members, the licensee is providing assistance to residents with laundering their clothing and is providing them with opportunities to routinely launder their clothing, as required.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

## **ALLEGATION:**

**Direct care staff stole Resident A's clothing and gave the clothing to other residents. Direct staff get into Resident A's locker and take her belongings.**

## **INVESTIGATION:**

The additional allegations received on 03/15/2022 alleged Ms. Spiece had completed an audit of Resident A's clothing when she moved in and determined she had over 20 pairs of pants and 20 shirts, but Ms. Spiece gave Resident A's clothes to the other residents in the facility and other staff members returned Resident A's clothing to local stores for money.

During my 03/22/2022 on-site inspection, I interviewed the facility's home manager, Brittany Miller, and direct care staff, Ms. Spiece. Both Ms. Miller and Ms. Spiece confirmed Ms. Spiece completed an audit of Resident A's clothing upon her moving in. Both Ms. Miller and Ms. Spiece denied taking any of Resident A's clothing or that any other direct care staff took Resident A's clothing. They stated Resident A would let other residents take her clothes or she'd trade them clothing, but then immediately after she would report residents and staff stole her clothing. Ms. Miller again indicated Resident A was experiencing delusions but had gotten better since her Clozaril medication had increased. Both Ms. Miller and Ms. Spiece stated they had spoken to Resident A about not sharing her clothing.

Ms. Miller printed Resident A's "Personal Belongings/Shopping & Gift Inventory", which was completed by Ms. Spiece and Ms. Miller on 03/01/2022. According to the inventory, Resident A had an assortment of clothing and personal belongings when she was admitted to the facility, which included, but is not limited to, 15 pairs of pants, 26 shirts, 6 sweaters, 8 tank tops, 17 pairs of underwear, and 20 pairs of socks.

During my inspection, Resident A agreed to show me her belongings and clothing. The number of shirts, tank tops, underwear and socks present in Resident A's bedroom was consistent with the number of items on her inventory sheet. During my inspection she counted 9 pairs of pants in her possession. Resident A acknowledged she allowed some of the residents to borrow her clothes, but she also indicated she thought residents and staff had been coming into her room at night and taking her clothes.

I interviewed Residents B, C, D, and E and none of the residents indicated any concerns with staff or residents taking their belongings, clothing, or valuables.

<b>APPLICABLE RULE</b>	
<b>R 400.14315</b>	<b>Handling of resident funds and valuables.</b>
	<b>(10) A licensee, administrator, direct care staff, other employees, volunteers under the direction of the licensee, and members of their families shall not accept, take, or borrow money or valuables from a resident, even with the consent of the resident.</b>
<b>ANALYSIS:</b>	Based on my investigation, there is no evidence indicating staff or residents are taking Resident A's valuables, clothing, or belongings, as alleged.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility's refrigerator and stove are not clean.**

**INVESTIGATION:**

The complaint provided no additional information other than what was indicated in the allegations. During my 03/10/2022 on-site inspection, I inspected the facility's refrigerator and stove. Neither of these appliances were observed to be unclean, dirty, or in need of repair.

<b>APPLICABLE RULE</b>	
<b>R 400.14402</b>	<b>Food service.</b>
	<b>(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.</b>
<b>ANALYSIS:</b>	The facility's refrigerator and stove were observed clean and in good repair during my 03/10/2021 on-site inspection, as required.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION**

The facility has an odor.

**INVESTIGATION:**

The complaint provided no additional information other than the facility had an odor. During my on-site inspection on 03/10/2022, I smelled a pungent urine smell from Resident F's bedroom. I interviewed direct care staff, Ms. Spiece, regarding the odor. She stated despite Resident F having a shower the night before, she often has incontinence and refuses staff assistance with changing her bedding.

Ms. Napier's statement to me was consistent with Ms. Spiece's statement to me. I informed Ms. Napier the strong urine smell was not acceptable for not only Resident F's health and safety, but also not for the residents who were next to Resident F's bedroom.

<b>APPLICABLE RULE</b>	
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	<b>(3) All living, sleeping, hallway, storage, bathroom, and kitchen areas shall be well lighted and ventilated.</b>
<b>ANALYSIS:</b>	A pungent urine smell was identified as coming from Resident F's bedroom during my 03/10/2022 inspection.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

ON 04/04/2022, I conducted an exit conference with Nichole VanNiman, via email, as she was filling in for the licensee designee, Ramon Beltran. I informed Ms. VanNiman of my findings.

**IV. RECOMMENDATION**

Upon receipt of an acceptable plan of correction, I recommend no change in the current license status.

*Cathy Cushman*

04/04/2022

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Cathy Cushman  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

04/12/2022

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Dawn N. Timm  
Area Manager

Date