



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 4, 2022

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

RE: License #: AS630387840
Beacon Home at Lake Orion
175 E. Silverbell Rd.
Lake Orion, MI 48360

Dear Ms. Rawlings:

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 designee and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630387840
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	890 N. 10th St. Suite 110 Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Licensee Designee:	Kimberly Rawlings
Name of Facility:	Beacon Home at Lake Orion
Facility Address:	175 E. Silverbell Rd. Lake Orion, MI 48360
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	10/10/2017
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

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 4
No. of others interviewed 2 Role: Compliance dir./div. dir.

- 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 found to be in non-compliance with the following rules:

R 330.1803	Facility environment; fire safety.
	(3) A facility that has a capacity of 4 or more clients shall conduct and document fire drills at least once during daytime, evening, and sleeping hours during every 3-month period.

During the period under review:

- A fire drill was not conducted during evening hours for the three-month period of October-December 2021.
- A fire drill was not conducted during sleeping hours for the three-month period of April-June 2022.

R 330.1803	Facility environment; fire safety.
	<p>(6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 month from the date of the finding to either of the following:</p> <p>(a) Improve the score to at least the "slow" category.</p> <p>(b) Bring the home into compliance with the physical plant standards for "Impractical" homes contained in chapter 21 of the 1985 life safety code of the national fire protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fire protection association.</p>

During the onsite inspection, I noted the following:

- An evacuation assessment (E-score) was not completed within 30 days of Resident N moving into the home. (Admission date: 03/23/22; E-scores dated: 05/31/22).
- The facility was updating the F-2C Home's Evacuation Score Worksheet annually; however, the F-1 Worksheet for Rating Residents was not updated annually for each resident.

R 400.14301	Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident K did not have a health care appraisal that was completed annually in 2021. (Health care appraisals dated: 10/15/20 and 01/03/22)

R 400.14312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection, it could not be determined if medications were being given pursuant to label instructions. The home utilizes medication bubble packs, which are delivered on various dates throughout the month. Staff begin passing medications from each bubble pack from the bubble dated the 30th, rather than passing from the bubble that corresponds to the date the medication is passed. Per Beacon policy, staff do not initial or write the actual date the medication was passed on the bubble pack. Staff were not consistently writing a start date on the back of the bubble packs, so it could not be determined how many pills should be remaining in each pack for the month. Some bubble packs had a start date written on the back; however, the number of pills remaining in the bubble pack did not correctly correspond to the start date. For example:

- Resident K's 4:00pm dose of Topiramate 200mg tab had a start date of 07/29/22 written on the bubble pack, but 11 pills had been administered from

the bubble pack at the time of the onsite inspection at 10:00am on 08/04/22. Six pills should have been administered from this bubble pack if the start date was 07/29/22.

- Resident K's PM dose of Metformin HCL 500mg had a start date of 07/18/22 written on the back of it. Eighteen pills were administered from the bubble pack. Seventeen pills should have been administered from this bubble pack if the start date was 07/18/22, as evening medications had not yet been passed at the time of the onsite inspection at 10:00am on 08/04/22.
- Resident J is prescribed Haloperidol 5mg tab- take one table by mouth twice daily. No start date was written on the AM or PM bubble packs, but the pharmacy label showed both packs were dispensed on 07/20/22. Thirteen pills were administered from both the AM and PM bubble packs, even though PM medications had not yet been passed at the time of the onsite inspection.
- The medication bubble packs are being stored in file folders labeled AM, PM, and PRN; however, the individual bubble packs are not labeled to indicate if they are AM or PM. One of Resident K's bubble packs had a start date of 07/29/22 at 4:00pm written on the back of it, but it was in the AM file folder at the time of the onsite inspection. There is no way to distinguish the AM and PM bubble packs if they are removed from the file folders.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection:

- Resident J's April 2022 medication administration record (MAR) was not initialed for the 5:00pm dose of Latuda 80mg on 04/24/22.
- Resident J's July 2022 MAR was not initialed for the 4:00pm dose of Haldol 2mg on 07/05/22.
- Resident K's April 2022 MAR was not initialed for 8:00pm medications on 04/05/22.

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.

During the onsite inspection, I noted:

- Resident K’s Funds Part II form was not completed to show cost of care deposits/withdrawals from November-December 2021.
- There was a discrepancy in the amount Resident K owed for cost of care on the Funds Part II form, as it showed he owed a balance of \$9164.80 in October 2021 and \$13695.50 in January 2022. This does not correspond to the cost of care rate of \$907.50.
- Resident J’s Funds Part II form was not completed to show cost of care deposits/withdrawals from November-December 2021.
- There was a discrepancy in the amount Resident J owed for cost of care on the Funds Part II form, as it showed he owed a balance of \$11746 in October 2021 and \$12752.54 in January 2022. This does not correspond to the cost of care rate of \$907.50.

R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

During the period under review:

- A fire drill was not conducted during evening hours for the three-month period of October-December 2021.
- A fire drill was not conducted during sleeping hours for the three-month period of April-June 2022.

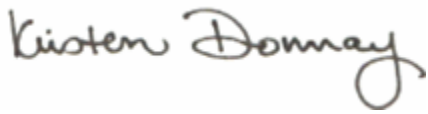
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

During the onsite inspection:

- The finish on the kitchen cabinets was worn.
- The lock on the door of bedroom #2 was broken.
- The light in bedroom #3 flickered when the light switch was turned off.
- There was a strong urine odor in bathroom #2.

IV. RECOMMENDATION

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



08/04/2022

Date

Licensing Consultant