



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 12, 2022

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

RE: License #: AS380398558
Beacon Home at Sheffield
4162 Sheffield Drive
Jackson, MI 49203

Dear Ms. Rawlings:

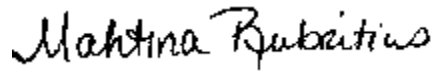
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 or 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 (313) 456-0380.

Sincerely,



Mahtina Rubritius, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste. #9-100
Detroit, MI 48202
(517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS380398558

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: Kimberly Rawlings

Administrator: Shelly Keinath

Name of Facility: Beacon Home at Sheffield

Facility Address: 4162 Sheffield Drive
Jackson, MI 49203

Facility Telephone #: (517) 795-2004

Original Issuance Date: 02/05/2020

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/04/2022 & 08/09/2022

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 6
No. of residents interviewed and/or observed 5
No. of others interviewed 1 Role: Jackson County Guardian ■

- 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:
R 330.1803 (5), R 400. 14305 (3), R 400. 14206 (2) and R 400. 14312 (2) 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 400.14305 Resident protection.

(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

- The facility staff completed the required number of fire drills during each quarter of 2021 and 2022; however, multiple evening and sleeping hour drills were the duration of 6 minutes or more.
- During the first quarter of 2022, the fire drill conducted during the sleeping hours was 10 minutes and 9 seconds.

IV. RECOMMENDATION

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

Mahtina Rubritius

08/12/2022

Mahtina Rubritius
Licensing Consultant

Date