



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

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

July 12, 2022

RE: License #: AM800299049
Investigation #: 2022A1030045
Beacon Home at Woodland

Dear Ms. VanNiman:

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 (616) 356-0183.

Sincerely,

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

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| License #: | AM800299049 |
| Investigation #: | 2022A1030045 |
| Complaint Receipt Date: | 06/15/2022 |
| Investigation Initiation Date: | 06/17/2022 |
| Report Due Date: | 08/14/2022 |
| Licensee Name: | Beacon Specialized Living Services, Inc. |
| Licensee Address: | Suite 110 890 N. 10th St. Kalamazoo, MI 49009 |
| Licensee Telephone #: | (269) 427-8400 |
| Administrator/ Licensee Designee: | Nichole VanNiman |
| Name of Facility: | Beacon Home at Woodland |
| Facility Address: | 56832 48th Avenue Lawrence, MI 49064 |
| Facility Telephone #: | (269) 427-8400 |
| Original Issuance Date: | 09/12/2016 |
| License Status: | REGULAR |
| Effective Date: | 03/12/2021 |
| Expiration Date: | 03/11/2023 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL |

II. ALLEGATION(S)

| | Violation Established? |
|---|-----------------------------------|
| A staff person was involved in an inappropriate relationship with Resident A. | Yes |
| A staff person was using marijuana while providing direct care to residents. | Yes |
| Additional Findings | No |

III. METHODOLOGY

| | |
|------------|--|
| 06/15/2022 | Special Investigation Intake 2022A1030045 |
| 06/17/2022 | Special Investigation Initiated - On Site Interview with Staff #4 |
| 06/17/2022 | Contact - Face to Face Interview with Staff #5 |
| 06/17/2022 | Contact - Face to Face Interview with Staff #6 |
| 06/17/2022 | Contact - Telephone call made Interview with Staff #3 |
| 06/21/2022 | Contact - Face to Face Interview with Staff #2 |
| 06/21/2022 | Contact - Face to Face Interview with Resident A |
| 06/21/2022 | Contact - Face to Face Interview with Resident #7 |
| 06/21/2022 | Contact - Face to Face Interview with Staff #8 |
| 06/21/2022 | Contact - Document Received Beacon Policy received and reviewed |
| 06/23/2022 | Contact - Face to Face |

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|------------|---|
| | Interview with Staff #1 |
| 07/11/2022 | Exit Conference Exit conference by phone |

ALLEGATION:

A staff person was using marijuana while providing direct care to residents.

INVESTIGATION:

On 6/17/22, I interviewed Staff #4 at the home. Staff #4 reported there is a concern about Staff #2 using marijuana while at work and sharing it with Resident A. Staff # 4 reported she has heard the concerns from other Direct Care Staff Members.

On 6/17/22, I interviewed Staff #5 at the home. Staff #5 reported she was informed by Resident B and Staff # 6 that Staff #2 used marijuana with Resident A.

On 6/17/22, I interviewed Resident B at the home. Resident B reported she has not witnessed Staff #2 using marijuana but did smell marijuana in the staff office when Staff #2 was in the office. Resident B was asked if she told a Staff #5 that she witnessed Staff #2 using marijuana while working. Resident B reported she did not say that to Staff #5, however she appeared to be nervous and did not make eye contact with me.

On 6/17/22, I interviewed Staff #6 by phone. Staff #6 reported she witnessed Staff #2 smoking a “joint” on the back porch and entered the staff bathroom after Staff #2 on one occasion and it “smelled like marijuana.” Staff #6 denied seeing her use marijuana with any of the residents.

On 6/17/22, I interviewed Staff #3 by phone. Staff #3 denied using marijuana while working or seeing Staff # 2 using marijuana while working.

On 6/21/22, I interviewed Staff #2 at Beacon at Meadowlands. Staff #2 reported she was moved from Beacon at Woodlands to Beacon at Meadowlands last week but is unsure why she was moved. Staff #2 reported she has never smoked marijuana while working or smoked marijuana with Resident A.

On 6/21/22, I interviewed Resident A at the home. Resident A denied using marijuana with any DCSM.

On 6/21/2022, Interviewed Staff #7 at the home. Staff #7 reported she was also informed by Staff #6 that she witnessed Staff # 2 using marijuana while on shift on the back porch.

On 6/21/22, I interviewed Staff #8 at the home. Staff #8 reported she has not heard anything about DCSM using marijuana with Resident A or while working.

On 6/23/22, I interviewed DCSM Staff #1 at the Office of Recipient Rights (ORR) office in Kalamazoo, MI. Also present was Office of Recipient Rights (ORR) investigator Suzie Suchyta who was also conducting an ORR investigation. Staff #1 denied using marijuana while working or ever observing Staff #2 using marijuana by herself or with Resident A.

On 6/24/22, I received a call from Suzie Suchyta who reported Staff #1 employment was terminated today.

| APPLICABLE RULE | |
|------------------------|---|
| R 400.14206 | Staffing Requirements |
| | (2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan. |
| ANALYSIS: | While Staff #2 denies the use of marijuana at work, interviews with other DCSM's and Resident B confirmed that Staff #2 used marijuana while at work and before providing direct care and supervision to the residents. There was no evidence found that Staff #2 used marijuana with Resident A. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

A staff person was involved in an inappropriate relationship with Resident A.

INVESTIGATION:

On 6/17/22, I interviewed Staff #4 at the home. Staff #4 reported she was aware of the allegations and provided the Direct Care Staff Members full names. Staff #4 reported the home transferred Staff #1 to another work location after the allegations were made that she and Resident A were touching each other inappropriately. Staff # 4 reported that after Staff #1 was moved to another work location, Staff #1 came back to the home (which she was not supposed to do) and spoke privately with Resident A in her bedroom. Staff #4 stated she had to call Staff #1 on her cell phone and tell her to leave the home.

On 6/17/22, I interviewed Staff #5 at the home. Staff #5 reported she heard that Staff #1 and Resident A were “touching butts” last week from a resident. Staff # 5 asked Staff #2 (as they work together) and because she always doubts when Residents make allegations against staff. Staff # 5 reported Staff #2 confirmed what the Resident B reported. Staff # 5 reported she also heard that they exchanged personal phone numbers. Staff #5 reported the entire staff is aware of the policy the disallows DCSM’s from being involved with residents on social media or exchanging personal phone numbers. Staff #5 reported Staff #1 was moved to a different home. Staff #5 reported she was told by a resident that Resident A and Staff #3 were “cuddling on the couch” while watching TV.

On 6/17/22, I interviewed Resident B at the home. Resident B reported she does not have any knowledge of Resident A and Staff #1 or Staff #3 inappropriately touching each other.

On 6/17/22, I interviewed Staff #6 by phone. Staff #6 denied knowledge of inappropriate physical contact between Staff #1, Staff #3, and Resident A.

On 6/17/22, I interviewed Staff #3 by phone. Staff #3 denied any inappropriate sexual contact with Resident A. Staff #3 reported she was asked to cover the shifts at the Woodland location because Staff #1 had been accused of sexual contact with Resident A and was unsure why she was accused of the same thing. Resident #3 reported she is aware that DSCM’s are not allowed to have personal relationships or participate on social media with residents.

On 6/21/22, I interviewed Staff #2 at Beacon at Meadowlands. Staff #2 denied witnessing Staff #1 or Staff #3 engaged in any inappropriate physical contact with Resident A. Staff #2 reported she was present when Staff #1 spoke in detail to Resident A about a sexual encounter with someone she met online.

On 6/21/22, I interviewed Resident A at the home. Resident A denied any sexual contact with Staff #1 or Staff #3. Resident A denied having Staff #1’s personal cell phone number or being Facebook friends with any DCSM.

On 6/21/22, I interviewed Staff #7 at the home. Staff #7 reported she works first shift but is aware of some second shift staff “getting too close” to Resident A. Staff #7 reported she heard from several residents that Resident A and Staff #1 were watching TV snuggling under a blanket. Staff #7 reported Staff #1 and Staff #2 are Facebook friends with Resident A and knows that because she is friends with the two staff members and noted they have commented on each other’s posts. Staff #7 reported Staff #1 is no longer allowed to enter this home and believes she has been moved to a different location.

On 6/21/22, I interviewed Staff #8 at the home. Staff #8 reported she has heard that Resident A and Staff #1 were having inappropriate physical contact. Staff #8 reported she stated that Staff #3 is Facebook friends with Resident A.

On 6/21/22, I Staff # 8 provided me with a copy of Beacon Policy regarding “moral and social exploitation” which specifically stated, “employees are not allowed to maintain personal relationships with residents during or after work hours including talking on the phone, communicating on social media or texting.” Staff #8 reported all DCSM’s are provided training about this policy and known it is not appropriate to be involved with residents on social media.

On 6/23/22, I interviewed DCSM Staff #1 at the Office of Recipient Rights (ORR) office in Kalamazoo. Also present was ORR investigator Suzie Suchyta who was also conducting an ORR investigation. Staff #1 denied any cuddling with Resident A or ever touching her in a sexual manner. Staff #1 denied discussing a sexual encounter with Resident A but admitted discussing a sexual encounter with Staff #2 while working. Staff #1 denied being Facebook friends with Resident A or exchanging personal phone numbers with her as it is against the home’s policy. Staff #1 reported Resident A sent her a Messenger request to pick up coffee creamer on her way to work which she did for Resident A. Staff #1 was asked if she ever did “special favors” for any other residents which she denied.

On 6/24/22, I received a call from Suzie Suchyta who reported Staff #1 employment was terminated today.

On 7/25/22, I spoke with District Director Kim Howard by phone. Ms. Howard reported she has trained all DCSM’s on the policy regarding “moral and social exploitation” and all DCSM’s are aware that they are not allowed to be in contact with residents via social media or on their personal cell phones.

| APPLICABLE RULE | |
|------------------------|---|
| 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. |
| ANALYSIS: | It was alleged that Staff #1 and Staff #3 were involved in an inappropriate relationship with Resident A. Based on interviews with several DCSM it was confirmed that Staff #1 and Resident A were involved in an inappropriate relationship including contacting each other on social media. Regarding Staff #3 there was no evidence of inappropriate physical contact with Resident A however there was a witness that noted Staff #3 being in |

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| | contact with Resident A on social media which goes against the home's policy. |
| CONCLUSION: | VIOLATION ESTABLISHED |

On 7/11/22, I contacted the licensee Nichole VanNiman by phone and shared the findings of my investigation. Ms. VanNiman acknowledged and agreed with the findings and will submit a corrective action plan.

IV. RECOMMENDATION

Based on the submission and acceptance of a corrective action plan, I recommend no change of the current license status.

Nile Khabeiry, LMSW

7/20/22

Nile Khabeiry
Licensing Consultant

Date

Approved By:

Russell Misiak

8/4/22

Russell B. Misiak
Area Manager

Date