



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 5, 2023

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

RE: License #: AM390259947
Beacon Home at River Run
716 Leenhouts
Kalamazoo, MI 49048

Dear Mr. Beltran:

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 and special certification for the developmentally disabled and mentally ill populations 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 (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

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

I. IDENTIFYING INFORMATION

License #: AM390259947

Licensee Name: DuNord, Inc

Licensee Address: 555 Railroad Street
Bangor, MI 49013

Licensee Telephone #: (269) 344-7972

Licensee Designee: Ramon Beltran

Administrator: Aubry Napier

Name of Facility: Beacon Home at River Run

Facility Address: 716 Leenhouts
Kalamazoo, MI 49048

Facility Telephone #: (269) 427-8400

Original Issuance Date: 05/12/2006

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 01/04/2023

Date of Bureau of Fire Services Inspection if applicable: 10/13/2022

Date of Health Authority Inspection if applicable: 12/07/2022

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 11
No. of others interviewed [redacted] Role: [redacted]

- 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? 1 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 400.14304 Resident rights; licensee responsibilities.

(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:

(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.

(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.

FINDING: Bedroom 4 was observed with a sliding door in it; however, there was no means of privacy over the right slider door. The facility maintenance worker indicated during the inspection he would put a tinted film over the right door to create privacy for the residents in the bedroom.

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:

(i) The medication.

(ii) The dosage.

(iii) Label instructions for use.

(iv) Time to be administered.

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

FINDING: Upon review of Resident A's paper and electronic Medication Administration Record (MAR) and interviews with staff during the inspection, Resident A has a prescription for Haloperidol 5 mg with the instruction of one tablet should be administered by mouth at bedtime. Resident A's December and January paper MARs were initialed by direct care staff indicating they had administered this medication to Resident A, as prescribed, except for four entries on 12/22, 12/28, 12/30 and 12/31 where it was indicated Resident A refused to take this medication as staff initialed and wrote "Ref".

Though Resident A's paper MARs indicated she received this medication, as prescribed, upon review of the medication's bubble pack the medication was only popped from the bubble pack a total of six times since the pharmacy delivered the medication to the facility on 11/25/2022. The facility's assistance home manager, Anne Wiley, stated Resident A consistently refuses to take the medication, which was consistent with the number of pills left in the bubble pack.

Subsequently, based on my review of Resident A's MARs, the prescription bubble pack and interviews with direct care staff, Resident A was consistently refusing to take her Haloperidol 5 mg medication in the evening, as prescribed; however, staff weren't documenting on either the electronic or paper MARs Resident A's refusal to accept the medication, as required.

R 400.14312 Resident medications.

(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

FINDING: Upon review of the facility's medication cart, Resident A had a prescription for Vitamin D2 50,000 IU PO Capsules with one capsule still in the bubble pack. The facility's assistant home manager, Anne Wiley, stated the medication had been discontinued; however, the medication remained in the medication cart. This medication was also not on Resident A's current MAR.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

FINDING: Hot water from multiple sinks in the facility were registering over 120 degrees Fahrenheit, with the water from the half bathroom off the kitchen registering at 137 degrees Fahrenheit. During the inspection, the facility's maintenance indicated he lowered the water temperature.

R 400.14402 Food service.

(1) All food shall be from sources that are approved or considered satisfactory by the department and shall be safe for human consumption, clean, wholesome and free from spoilage, adulteration, and misbranding.

FINDING: There were multiple clear and unmarked bags of frozen burger patties in the facility's basement freezer without purchase or expiration dates on them to assist in the prevention of spoilage or freezer burn.

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.

FINDING: The overhead light in the facility's half bathroom off the kitchen could not be turned off due to the light switch not functioning properly or the overhead light not being connected to the light switch.

The fire door on the furnace room off the staff office had a 1 ¼ inch gap from the bottom of the door to the floor creating too much space for the prevention of a fire.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

FINDING: There was compacted dirt and debris in the sliding door track in bedroom 4. Additionally, excessive dirt and debris were observed on the floor near the sliding door. The heat vents in the floor of this bedroom were also observed significantly rusted.

The bathroom sink cabinet in bedroom 4 had missing cabinet drawers. The floor heat vents in this bathroom were also observed significantly rusted.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: The bathroom floor in bedroom 4 was observed with broken and cracked tile.

R 400.14407 Bathrooms.

(3) Bathrooms shall have doors. Only positive-latching, non-locking-against-egress hardware may be used. Hooks and eyes, bolts, bars, and other similar devices shall not be used on bathroom doors.

FINDING: The bathroom door in bedroom 4 was locking against egress.

R 400.14410 Bedroom furnishings.

(1) The bedroom furnishings in each bedroom shall include all of the following:

(b) Lighting that is sufficient for reading and other resident activities.

FINDING: Bedroom 1, which is a double occupancy bedroom, had limited lighting creating a dimly lit room for reading and other resident activities. Additionally, there was no functioning light switch in the bedroom indicating a resident would have to walk in the dark to their bed side table lamp and turn it on in order to create a lighted space.

IV. RECOMMENDATION

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



01/05/2023

Cathy Cushman
Licensing Consultant

Date