



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

February 24, 2023

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

RE: License #: AS630387842  
Beacon Home at Dilley  
7570 Dilley Road  
Davisburg, MI 48350

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.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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**

<b>License #:</b>	AS630387842
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	890 N. 10th St. Suite 110 Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Kimberly Rawlings
<b>Name of Facility:</b>	Beacon Home at Dilley
<b>Facility Address:</b>	7570 Dilley Road Davisburg, MI 48350
<b>Facility Telephone #:</b>	(248) 382-5648
<b>Original Issuance Date:</b>	08/13/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/21/2023

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

Date of Health Authority Inspection if applicable: 10/19/22

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 4 Role: LD, dist dir, comp. dir, nurse

- 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.  
Inspection did not occur during meal time
- 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:

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(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 sleeping hours for the three-month period of January-March 2022 or April-June 2022. A fire drill was not conducted during evening hours for the three-month period of October-December 2022.

<b>R 330.1803</b>	<b>Facility environment; fire safety.</b>
	(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.

During the onsite inspection, there were no evacuation assessments (E-Scores) on file that were completed annually in 2022. There were no E-scores on file that were completed after the admission of each new client to the home during the licensing period.

#### REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report dated 02/10/21; CAP dated 02/25/21

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.
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Resident D's health care appraisal was not completed within the 90-day period before his admission to the home (Admission date: 08/16/22; Health Care Appraisal dated: 09/06/22.) Resident D was not an emergency admission. Resident G's health care appraisal was not updated annually in 2022 (Health Care Appraisals dated: 11/03/21 and 01/06/23).

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

During the onsite inspection, there was no resident care agreement on file for Resident G that was updated annually in 2022.

<b>R 400.14305</b>	<b>Resident protection.</b>
	(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.

Resident G showed significant weight gain (30+ pounds) from August-September 2022, but there was no documentation on file showing that a medical professional was contacted. Per Beacon policy, if a resident gains more than ten pounds in a month, the weight should be retaken the following week to make sure it is accurate, and a health care professional should be contacted.

<b>R 400.14310</b>	<b>Resident health care.</b>
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

During the onsite inspection, Resident G's weight was not recorded for February or March 2022.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 02/28/19; CAP dated 03/19/19; and Renewal Licensing Study Report dated 02/10/21; CAP dated 02/25/21**

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

During the onsite inspection, I reviewed the medication bubble packs for Resident D and Resident G. It could not be determined if medications were being given as prescribed. 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 wrote a start date on the back of the bubble packs; however, the number of pills remaining in the bubble packs did not align with the start date. Staff could not provide an explanation regarding the discrepancies. I noted the following:

- Resident D's 8:00am bubble pack of Aspirin 81mg (take one tablet once daily) had a start date of 01/23/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 5 pills remaining in the bubble pack (should have been 0 pills remaining).
- Resident D's 8:00am bubble pack of Tamsulosin HCL 0.4mg (take two capsules by mouth once daily with breakfast) had a start date of 01/24/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 11 doses remaining in the bubble back (should have been 1 dose remaining).
- Resident D's 8:00am bubble pack of Clopidogrel 75mg (take one tablet by mouth once daily) had a start date of 01/24/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 6 pills remaining in the bubble pack (should have been 1 pill remaining).
- Resident D's 8:00pm bubble pack of Paliperidone ER 9mg (take one tablet by mouth at bedtime) had a start date of 01/29/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 8 pills remaining in the bubble back (should have been 7 pills remaining).
- Resident D's 8:00pm bubble pack of Divalproex Sod ER 500mg (take two tablets by mouth twice daily- 15-day supply) had a start date of 02/10/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 5 pills remaining (should have been 4 pills remaining).

- Resident D's 8:00pm bubble pack of Trazadone tab 100mg (take one tablet by mouth at bedtime) had a start date of 01/30/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 10 pills remaining (should have been 8 pills remaining).
- Resident D's 8:00pm bubble pack of Atorvastatin Calcium 20mg (take one tablet by mouth once daily at bedtime) had a start date of 01/24/23 written on the back of it. At the time of the onsite inspection on 02/21/23, there were 4 pills remaining (should have been 2 pills remaining).
- Resident G is prescribed Clonazepan 0.5mg (take one tablet two times daily). Staff were passing the 12:00pm and 8:00pm dose from the same bubble pack.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 02/28/19; CAP dated 03/19/19; and Renewal Licensing Study Report dated 02/10/21; CAP dated 02/25/21**

<b>R 400.14312</b>	<b>Resident medications.</b>
	<p>(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:</p> <p>(b) Complete an individual medication log that contains all of the following information:</p> <ul style="list-style-type: none"> <li>(i) The medication.</li> <li>(ii) The dosage.</li> <li>(iii) Label instructions for use.</li> <li>(iv) Time to be administered.</li> <li>(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.</li> <li>(vi) A resident's refusal to accept prescribed medication or procedures.</li> </ul>

During the onsite inspection, I reviewed copies of Resident D and Resident G's medication administration records. Beacon Home at Dilley utilizes an electronic medication administration record (eMAR) system. Staff click and initial within the computer system to indicate that medications were administered. They also print a "paper MAR" as a backup, which staff initial by hand if the computer system is not functioning properly. I noted the following:

- Resident D's September 2022 eMAR and paper MAR were not initialed for the 8:00pm medications on 09/30/22.
- Resident D's October 2022 eMAR and paper MAR were not initialed for 8:00am medications on 10/07/22 or 8:00pm medications on 10/26/22 and 10/31/22.



- Resident D's December 2022 eMAR and paper MAR were not initialed for 8:00am medications on 12/05/22 or for the 8:00pm dose of Atorvastatin Calcium 20mg on 12/30/22.
- Resident D's February 2023 MAR had a duplicate entry for the 8:00am dose of Aspirin 81mg tablet. Staff initialed both entries on the eMAR on 02/13/23 and both entries on the paper MAR on 02/14/23 and 02/15/23. There was no note indicating that the duplicate entry was made in error.
- Resident D's February 2023 MAR had a duplicate entry for the 8:00am dose of Tamsulosin HCL 0.4mg capsule. Staff initialed both entries on the eMAR on 02/13/23 and both entries on the paper MAR on 02/14/23 and 02/15/23. There was no note indicating that the duplicate entry was made in error.
- Resident G's August 2022 eMAR and paper MAR were not initialed for the 8:00pm dose of Clonazepan 0.5mg on 08/22/22.
- Resident G's September 2022 eMAR and paper MAR were not initialed for the 12:00pm medications on 09/01/22 or 09/02/22.
- Resident G's September 2022 eMAR and paper MAR were not initialed for the 12:00pm dose of Pantoprazole 40mg from 09/25/22-09/30/22
- Resident G's October 2022 eMAR was not initialed for the 12:00pm dose of Pantoprazole 40mg from 10/01/22-10/26/22. The October 2022 paper MAR was only initialed on 10/02/22, 10/04/22, and 10/09/22.
- Resident G's December 2022 eMAR and paper MAR were not initialed for the 12:00pm medications on 12/10/22 or 12/22/22.

**REPEAT VIOLATION ESTABLISHED**

**Reference Renewal Licensing Study Report dated 02/10/21; CAP dated 02/25/21**

<b>R 400.14318</b>	<b>Emergency preparedness; evacuation plan; emergency transportation.</b>
	(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 sleeping hours for the three-month period of January-March 2022 or April-June 2022. A fire drill was not conducted during evening hours for the three-month period of October-December 2022.

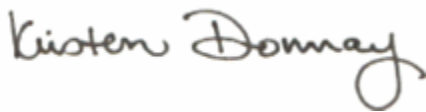
<b>R 400.14403</b>	<b>Maintenance of premises.</b>
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

During the onsite inspection, the doorframe was damaged and there was a gap at the bottom of the door jamb on the front door of the facility allowing air to flow into the home.

On 02/24/23, I conducted an exit conference via Microsoft Teams with the licensee designee, Kim Rawlings, Beacon's Chief Administrative Officer, Melissa Williams, and Beacon's Executive Vice President, Kevin Kalinowski. They did not have any additional information to share and agreed to submit a corrective action plan as well as a statement as to whether or not they accept the provisional license after reviewing the licensing study report.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



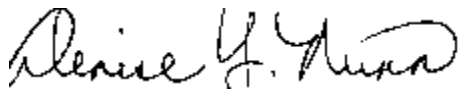
02/24/23

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Kristen Donnay  
Licensing Consultant

Date

Approved by:



02/24/2023

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Denise Y. Nunn  
Area Manager

Date