



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 26, 2023

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

RE: License #: AM590387866  
**Beacon Home At The Bunkhouse**  
**1550 E. Colby Road**  
**Stanton, MI 48888**

Dear Ms. Goldammer:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AM590387866

**Licensee Name:** Beacon Specialized Living Services, Inc.

**Licensee Address:** Suite 110  
890 N. 10th St.  
Kalamazoo, MI 49009

**Licensee Telephone #:** (269) 427-8400

**Licensee Designee:** Roxanne Goldammer

**Administrator:** Katrina Pierce

**Name of Facility:** Beacon Home At The Bunkhouse

**Facility Address:** 1550 E. Colby Road  
Stanton, MI 48888

**Facility Telephone #:** (989) 831-0627

**Original Issuance Date:** 12/21/2018

**Capacity:** 11

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/25/2023

Date of Bureau of Fire Services Inspection if applicable: **C Rating 03/02/2023, waiting on full approval**

Date of Health Authority Inspection if applicable: 03/14/2023

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 5 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. There were no personal funds held to review at the time of inspection.
- Meal preparation / service observed? Yes  No  If no, explain.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 determined to be in substantial compliance with rules and requirements.

**IV. RECOMMENDATION**

Contingent upon receipt of an approved Bureau of Fire Services inspection, renewal of the license and special certification is recommended.

*Jennifer Browning*

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Jennifer Browning  
Licensing Consultant

05/26/2023

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Date