

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 26, 2023

Ramon Beltran Galesburg Retirement Home LLC Suite #110 890 North 10th Street Kalamazoo, MI 49009

> RE: License #: AM390337021 Beacon Home at Stagecoach 11218 Miller Dr. Galesburg, MI 49053

Dear Ramon Beltran:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license 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,

olreg Johnsa

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems 427 East Alcott Kalamazoo, MI 49001

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

I. IDENTIFYING INFORMATION

License #:	AM390337021		
Licensee Name:	Galesburg Retirement Home LLC		
Licensee Address:	11218 Miller Dr. Galesburg, MI 49053		
Licensee Telephone #:	(269) 427-8400		
Licensee/Licensee Designee:	Ramon Beltran,		
Administrator:	Aubry Napier		
Name of Facility:	Beacon Home at Stagecoach		
Facility Address:	11218 Miller Dr. Galesburg, MI 49053		
Facility Telephone #:	(269) 200-5174		
Original Issuance Date:	01/23/2013		
Capacity:	12		
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED		

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	06/15/2	2023	
Date of Bureau of Fire Services Inspection if applicable:				
Date of Health Authority Inspection if applicable:7/18/2023				
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0		2 6	
•	Medication pass / simulated pass observed?	Yes 🛛	🛛 No 🗌 If no, explain.	
•	Medication(s) and medication record(s) revie	wed?	Yes 🛛 No 🗌 If no, explain.	
•	Resident funds and associated documents re Yes \square No \square If no, explain. Meal preparation / service observed? Yes \square			
•	Fire drills reviewed? Yes \boxtimes No \square If no, ex	xplain.		
•	Fire safety equipment and practices observe	d? Yes	S 🔀 No 🗌 If no, explain.	
•	E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes 🛛 No [
•	Incident report follow-up? Yes $igsquare$ No $igsquare$ If	no, exp	lain.	
•	Corrective action plan compliance verified? N/A \boxtimes			
•	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 400.14401 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.

FINDINGS: Hot water exceeded 120 degrees Fahrenheit at the faucet.

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.

FINDINGS: Vent in need of cover in hallway. Bathroom toilet observed with mildew or mold at the base of toilet and needs caulking. Bathroom floor tiles not in good repair and 3 tiles needs to be replaced.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

ndrea Johnsa

Ondrea Johnson Licensing Consultant

7/26/2023 Date