

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

MARLON I. BROWN, DPA ACTING DIRECTOR

October 20, 2023

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

> RE: License #: AS390406170 Beacon Home at Wolf Lake 10633 W. J Ave. Kalamazoo, MI 49009

Dear Nichole VanNiman:

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 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,

Eli DeLeon, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-4091

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

I. IDENTIFYING INFORMATION

License #:	AS390406170
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Licensee/Licensee Designee:	Nichole VanNiman
Administrator:	Kimberly Howard
Name of Facility:	Beacon Home at Wolf Lake
Facility Address:	10633 W. J Ave. Kalamazoo, MI 49009
Facility Telephone #:	(269) 353-1809
Original Issuance Date:	05/05/2021
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

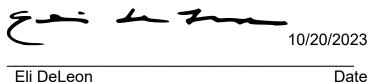
Date	e of On-site Inspection(s):	10/19/2023	
Date	e of Bureau of Fire Services Inspection if applicable:	N/A	
Date	e of Health Authority Inspection if applicable:	N/A	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: 0	3 4	
•	Medication pass / simulated pass observed? Yes \boxtimes	No 🗌 If no, explain.	
•	Medication(s) and medication record(s) reviewed? Ye	es 🖂 No 🗌 If no, explain.	
•	Resident funds and associated documents reviewed for at least one resident? Yes \square No \square If no, explain. Meal preparation / service observed? Yes \square No \square 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 I If no, explain. Water temperatures checked? Yes 🛛 No 🗌 If no, e		
•	Incident report follow-up? Yes 🛛 No 🗌 If no, expla	in.	
•	Corrective action plan compliance verified? Yes □ 0 N/A ⊠ Number of excluded employees followed-up?	CAP date/s and rule/s: 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

I recommend issuance of a 2 year regular adult foster care license.



Eli DeLeon Licensing Consultant