



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 11, 2024

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

RE: License #: AM800267888  
Investigation #: 2024A1031015  
Beacon Home at Breakwater West

Dear Licensee Designee:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
SPECIAL INVESTIGATION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM800267888
<b>Investigation #:</b>	2024A1031015
<b>Complaint Receipt Date:</b>	12/13/2023
<b>Investigation Initiation Date:</b>	12/13/2023
<b>Report Due Date:</b>	02/11/2024
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Administrator:</b>	Israel Baker
<b>Licensee Designee:</b>	Nichole VanNiman
<b>Name of Facility:</b>	Beacon Home at Breakwater West
<b>Facility Address:</b>	28730 63rd Street Bangor, MI 49013
<b>Facility Telephone #:</b>	(269) 427-8648
<b>Original Issuance Date:</b>	08/03/2005
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	09/18/2022
<b>Expiration Date:</b>	09/17/2024
<b>Capacity:</b>	10
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Residents are smoking in their bedrooms.	No

**III. METHODOLOGY**

12/13/2023	Special Investigation Intake 2024A1031015
12/13/2023	Special Investigation Initiated - Letter Email exchange with Larry Lamb.
12/13/2023	APS Referral
12/13/2023	Contact - Telephone Interview with Nichole VanNiman.
01/04/2024	Contact - Face to Face Interview with Resident A and Jason Marr.
01/04/2024	Inspection Completed-BCAL Sub. Compliance
01/04/2024	Exit Conference held with Nichole VanNiman.

**ALLEGATION:**

**Residents are smoking in their bedrooms.**

**INVESTIGATION:**

On 12/13/23, there was an email exchange with the Fire Marshal Inspector Larry Lamb. Mr. Lamb reported he was at the home conducting a fire inspection and he observed Resident A to be actively smoking in their bedroom.

On 12/13/23, I interviewed licensee designee Nichole VanNiman via telephone. Ms. VanNiman reported she was informed that the residents were smoking in their bedrooms. Ms. VanNiman reported staff constantly remind residents in the home to smoke outside and have them extinguish their cigarettes if they are found to be smoking in their rooms. Ms. VanNiman reported that she recognizes this is a safety issue in the home that she is addressing. Ms. VanNiman reported she has requested for the individuals case managers to address unsafe smoking in their behavior treatment plans. However, they were not willing to allow staff to take away or hold the residents' cigarettes as they reported it violates their rights.

On 12/13/23, I reviewed the Bureau of Fire Services Inspection Report. The report read that Resident A was smoking in their bedroom which is prohibited.

On 1/4/24, I conducted an unannounced visit to the home. I observed Resident A's bedroom and it smelled strongly of smoke. Resident A admitted to smoking in his bedroom often.

On 1/4/24, I interviewed direct care worker Jason Marr in the home. Mr. Marr reported smoking in the home is an issue and staff try to redirect the residents when they observe them to be smoking in their bedrooms. Mr. Marr reported the residents get very upset when redirected and staff are not allowed to take away their cigarettes due to it not being documented within their behavior plans.

On 1/11/24, I reviewed the *Resident Rights and Responsibilities* policy signed by Resident A's guardian. The policy read "This is a non-smoking, no tobacco home. This includes no vaping and no chewing inside the home. These things can be done outside in designated areas".

<b>APPLICABLE RULE</b>	
<b>R 400.14302</b>	<b>Resident admission and discharge policy; house rules</b>
	<b>(2) A licensee may establish house rules. House rules, if established, shall be provided, in writing, to the resident or the resident's designated representative and responsible agency upon admission to the home or, if established after a resident's admission to the home, immediately thereafter. House rules shall not conflict with these rules.</b>
<b>ANALYSIS:</b>	Although the home has implemented a house rule that residents are not to smoke in the home, residents continue to smoke in their bedrooms. Resident A were observed by the fire inspector to be actively smoking in their bedrooms and reported to licensing that they continue to smoke in their bedroom.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### **IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.



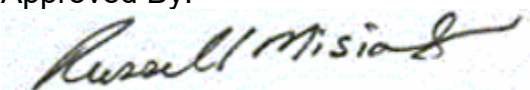
1/11/24

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Kristy Duda  
Licensing Consultant

Date

Approved By:



1/11/24

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Russell B. Misiak  
Area Manager

Date