



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

January 11, 2024

Roxanne Goldammer  
Loving Hands Adult Foster Home LLC  
Suite 110  
890 North 10th Street  
Kalamazoo, MI 49009

RE: License #: AM210315739  
Beacon Home at Sand Point  
9284 Hwy M-35  
Gladstone, MI 49837

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 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Maria DeBacker".

Maria DeBacker, Licensing Consultant  
Bureau of Community and Health Systems  
305 Ludington St  
Escanaba, MI 49829  
(906) 280-8531

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

**I. IDENTIFYING INFORMATION**

**License #:** AM210315739

**Licensee Name:** Loving Hands Adult Foster Home LLC

**Licensee Address:** 555 Railroad Street  
Bangor, MI 49013

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

**Licensee/Licensee Designee:** Roxanne Goldammer, Designee

**Administrator:**

**Name of Facility:** Beacon Home at Sand Point

**Facility Address:** 9284 Hwy M-35  
Gladstone, MI 49837

**Facility Telephone #:** (906) 420-8446

**Original Issuance Date:** 04/02/2013

**Capacity:** 11

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

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 12/19/23

Date of Bureau of Fire Services Inspection if applicable: 6/13/23

Date of Health Authority Inspection if applicable: 10/24/23

No. of staff interviewed and/or observed 5  
No. of residents interviewed and/or observed 8  
No. of others interviewed [redacted] 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.
- Meal preparation / service observed? Yes  No  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  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**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

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

*Maria Debacker*

1/11/24

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Maria Debacker  
Licensing Consultant

Date