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GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 16, 2024

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

RE: License #: AM800267885

Beacon Home at Anchor Point North

28720 63rd Street Bangor, MI 49013

Dear Ms. VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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

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

#### I. IDENTIFYING INFORMATION

**License #:** AM800267885

**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/Administrator: Nichole VanNiman

Name of Facility: Beacon Home at Anchor Point North

Facility Address: 28720 63rd Street

Bangor, MI 49013

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

Original Issuance Date: 08/03/2005

Capacity: 10

Program Type: PHYSICALLY HANDICAPPED

**DEVELOPMENTALLY DISABLED** 

MENTALLY ILL

TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s):		03/19/2024			
Date	e of Bureau of Fire Services Inspection if app	licable:	02/12/2024 A-R	ating	
Date	e of Health Authority Inspection if applicable:		12/29/2023 A-Rat	ing	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		4 8		
•	Medication pass / simulated pass observed? Yes $igtimes$ No $igcup$ If no, explain.				
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain.				
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.				
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.				
•	Fire safety equipment and practices observed? Yes $igtimes$ No $igcup$ If no, explain.				
•	E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.  Water temperatures checked? Yes No If no, explain.  The water temperature was measured to be 115 degrees.  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? 8 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.

(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.

Bedrooms in the home were observed to have no screens and plexiglass covering the entire window which did not allow for direct outside ventilation.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The showers in the home did not have nonskid surfacing installed in the showers.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

The fan in Bathroom #1 was not working which did not allow for forced ventilation.

## IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

KDuda	4/16/24
Kristy Duda	
Licensing Consultant	Date