

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 13, 2024

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

> RE: License #: AS130408635 Investigation #: 2024A1030027

> > Beacon Home at East Ave

Dear Ms. VanNiman:

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.

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, Whole Khoberry, LMSW

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

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS130408635
Investigation #:	2024A1030027
Complaint Receipt Date:	04/02/2024
Complaint Receipt Date.	04/02/2024
Investigation Initiation Date:	04/02/2024
Report Due Date:	06/01/2024
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110
Licensee Address.	890 N. 10th St.
	Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
	All I I W All
Administrator:	Nichole VanNiman
Licensee Designee:	Nichole VanNiman
Licensee Designee.	THORIOLE VAILABLE
Name of Facility:	Beacon Home at East Ave
Facility Address:	20271 East Ave N
	Battle Creek, MI 49017
Facility Telephone #:	(269) 427-8400
racinty relephone #.	(203) 427-0400
Original Issuance Date:	10/04/2021
License Status:	REGULAR
Effective Date:	04/04/2024
Effective Date:	04/04/2024
Expiration Date:	04/03/2026
Expiration bator	0.110012020
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED
	MENTALLY ILL

II. ALLEGATION(S)

Violation Established?

Resident A was attacked by a dog.	Yes
Additional Findings	No

III. METHODOLOGY

04/02/2024	Special Investigation Intake 2024A1030027
04/02/2024	APS Referral
04/02/2024	Special Investigation Initiated - Telephone Interview with Kim Howard
04/03/2024	Contact - Document Received
	Received and reviewed Incident Report
04/04/2024	Contact - Document Received
	Received and reviewed AVS
04/05/2024	Contact - Telephone call made
	Interview with Brittany Young
04/05/2024	Contact - Face to Face
	Interview with Resident A
04/05/2024	Contact - Face to Face
	Interview with Heather Martinez
04/05/2024	Contact - Telephone call made
	Interview with Amber Bonnin
04/08/2024	Exit Conference
	Exit conference by phone

ALLEGATION:

Resident A was attached by a dog.

INVESTIGATION:

On 4/3/24, I interviewed district director Kim Howard by phone. Ms. Howard reported she is aware of the situation with direct care staff member (DCSM) Brittany Young and Resident A. Ms. Howard confirmed that the incident occurred and the DCSM are not by policy permitted to take the residents to their homes. Ms. Howard reported Ms. Young was suspended pending the investigation.

On 4/3/24, I received an incident report (IR) dated 4/1/23. The IR indicated Resident A was in the community with Ms. Young and they went to Ms. Young's personal residence where Resident A was bitten on the wrist by Ms. Young's dog. Resident A had a small bruise on her wrist. The IR also indicated Ms. Young did not report the incident herself as Resident A informed another DCSM who completed the IR.

On 4/4/24, I received and reviewed an After Visit Summary (AVS) for Resident A from Well Now Urgent Care. The AVS indicted Resident A was bitten by a dog and noted bruising and swelling was present on her left arm. I also received a picture of Resident A's left forearm and noted bruising and redness about Resident A's wrist, however there was no broken skin or puncture wounds.

On 4/5/24, I interviewed DCSM Brittany Young by phone. Ms. Young reported she and Resident A were on an outing in the community and she needed to get her computer cord, so they stopped by her home. Ms. Young reported she told Resident A to "stay in the car" and went inside to get the cord for her computer. Ms. Young reported she went upstairs. Ms. Young reported Resident A entered her home without her knowledge and when she saw her inside of the house, she told Resident A to go back outside. Ms. Young reported Resident A complied and went outside but came back in a few minutes later. Ms. Young reported Resident A then was trying to "make friends with her dog" and put her hand near the dog's face and then dog jumped and snapped at Resident A. Ms. Young reported she took Resident A back outside and checked on her and noted there was no bite marks or broken skin. Ms. Young reported she and Resident A then went back to the home and she informed her supervisor and another staff member of what happened.

On 2/5/24, I interviewed Resident A at the home. Resident A reported Ms. Young took her to her home to give her a "vape" and they went into the home to get it. Resident A was asked and confirmed that they entered the home together and she was never told to wait in the car. Resident A reported Ms. Young also wanted to go to her home to "let her dog out." Resident A reported that when Ms. Young let the dog out of the basement it "nipped" at her. Resident A reported they were inside the home about fifteen minutes. Resident A showed me her right forearm and I noted there was bruising

between her elbow and wrist. Resident A reported after they returned to the home, she told DCSM Amber Bonnin what happened.

On 2/5/24, I interviewed home manager Heather Martinez at the home. Ms. Martinez reported she was working at the home next door when the incident occurred. Ms. Martinez reported Ms. Young never told either herself or Ms. Bonnin what happened, and it was not until Resident A told Ms. Bonnin did anyone know except Resident A and Ms. Young. Ms. Martinez reported Resident A reported the dog "broke through the door" prior to trying to bite her. Ms. Martinez reported it is against the home's policy for the DCSM to take the residents to their personal homes and Ms. Young should have not done that for any reason.

On 2/5/24, I spoke with DCSM Amber Bonnin by phone. Ms. Bonnin reported she was working on 4/1/24 and noticed that after Resident A returned from her outing with Ms. Young she was having "behaviors" and argued with another resident and threw pizza at her. Ms. Bonnin reported she spoke privately to Resident A about her behaviors and was informed of what occurred at Ms. Young's home. Ms. Bonnin reported she cleaned the injured area, informed Ms. Martinez of the incident and contacted Recipient Rights. Ms. Bonnin reported Ms. Young did not inform-her of what occurred.

APPLICABLE RULE		
R 400.14305	Resident protection.	
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.	
ANALYSIS:	It was alleged Resident A was attacked by a staff member's dog while at the staff's residence. Based on interviews, documentation and observations this violation will be established. Although it's against the home's policy, Brittany Young took Resident A to her home where her dog attacked Resident A causing an injury to her arm.	
CONCLUSION:	VIOLATION NOT ESTABLISHED	

IV. RECOMMENDATION

Based on the submission of an acceptable corrective action plan, I recommend no change to the current license status.

We Khaberry, LMSW	
7	4/15/24
Nile Khabeiry Licensing Consultant	Date
Approved By:	
Russell Misias	4/15/24
Russell B. Misiak Area Manager	Date