



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 22, 2024

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

RE: License #: AS800381905
Investigation #: 2024A1031031
Beacon Home at Bay Harbor

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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,

A handwritten signature in blue ink that reads "KDuda".

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

License #:	AS800381905
Investigation #:	2024A1031031
Complaint Receipt Date:	03/18/2024
Investigation Initiation Date:	03/19/2024
Report Due Date:	05/17/2024
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 Bay Harbor
Facility Address:	29122 63rd Street Bangor, MI 49013
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	07/28/2016
License Status:	REGULAR
Effective Date:	01/28/2023
Expiration Date:	01/27/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A eloped from the home.	Yes

III. METHODOLOGY

03/18/2024	Special Investigation Intake 2024A1031031
03/18/2024	APS Referral
03/19/2024	Special Investigation Initiated - On Site
03/19/2024	Contact - Face to Face Interview with Resident A and Israel Baker.
04/22/2024	Exit Conference held with Administrator.
04/22/2024	Contact - Documents Requested.
04/22/2024	Contact – Telephone Interview with Demetrius Jones.
04/22/2024	Inspection Completed-BCAL Sub. Compliance

ALLEGATION:

Resident A eloped from the home.

INVESTIGATION:

On 3/19/24, I interviewed the administrator Israel Baker in the home. Mr. Baker reported Resident A did leave the home during the middle of the night without supervision. Mr. Baker reported he believes direct care worker (DCW) Demetrius Jones fell asleep. Mr. Baker reported Resident A was located and Mr. Jones was suspended for one week and moved to day shift.

On 3/19/24, I interviewed Resident A in the home. Resident A reported he noticed DCW Demetrius Jones was sleeping, and he left the home. Resident A reported he did not have staff with him when he left, and he requires supervision.

On 4/22/24, I interviewed Mr. Jones via telephone. Mr. Jones reported Resident A did elope from the home without supervision. Mr. Jones reported he did not get a lot

of sleep prior to his shift and admitted to “dozing off” when he was supposed to be supervising the residents.

On 4/22/24, I reviewed Resident A’s treatment plan which read that he is to be supervised except when he is using the bathroom.

APPLICABLE RULE	
R 400.14303	Resident care; licensee responsibilities.
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Based on interviews and the review of documentation, it has been determined that staff did not ensure that Resident A was supervised and protected as specified in their assessment plan as they fell asleep and Resident A eloped from the home.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

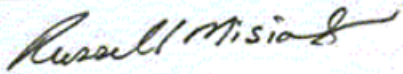


4/22/24

Kristy Duda
Licensing Consultant

Date

Approved By:



4/24/24

Russell B. Misiak
Area Manager

Date