

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

November 19, 2024

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

RE: License #: AS330392259

Beacon Home at Leslie 4066 Oak Road Leslie, MI 49251

Dear Ramon Beltran:

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 designee 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,

Mahtina Rubritius

Mahtina Rubritius, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa P.O. Box 30664 Lansing, MI 48909 (517) 262-8604

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

I. IDENTIFYING INFORMATION

License #: AS330392259

Licensee Name: Beacon Specialized Living Services, Inc.

Licensee Address: Suite 110

890 N. 10th St.

Kalamazoo, MI 49009

Licensee Telephone #: (269) 427-8400

Licensee/Licensee Designee: Ramon Beltran

Administrator: Shelly Keinath

Name of Facility: Beacon Home at Leslie

Facility Address: 4066 Oak Road

Leslie, MI 49251

Facility Telephone #: (517) 878-6200

Original Issuance Date: 05/21/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 11/18/2024		
Date of Bureau of Fire Services Inspection if applicable: N/A			
Date	e of Health Authority Inspection if applicable:	10/18/2024	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role:	3 6	
•	Medication pass / simulated pass observed? Yes \boxtimes	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 \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	⊠ No If no, explain.	
	E-scores reviewed? (Special Certification Only) Yes \(\subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \(\subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	Incident report follow-up? Yes \(\subseteq \text{No } \omega \) If no, explain Incident Reports are no longer required to be submitted Corrective action plan compliance verified? Yes \(\omega \) R 400. 14315 (7) N/A \(\omega \) Number of excluded employees followed-up?	ed to LARA.	
•	Variances? Yes ⊠ (please explain) No □ N/A □		
	A variance has been approved for R 400.14315. The alternative form to document resident funds and value		

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14312 Resident medications.

- (2) Medication shall be given, taken, or applied pursuant to label instructions.
- The medication count for Resident A's Risperidone was inaccurate.
- The medication count for Resident B's Propranolol was also inaccurate.

R 400.14511 Flame-producing equipment; enclosures.

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

There were cans of paint and cleaning supplies stored in the basement that contained the heating equipment and the water heater.

IV. RECOMMENDATION

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

Mahtina Rubritius	11/19/2024
Mahtina Rubritius	Date
Licensing Consultant	