

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 10, 2025

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

RE: License #: AS390394306

Beacon Home At Kalamazoo 2710 West Main Street Kalamazoo, MI 49006

Dear Nichole 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 and specialized certification for the mentally ill and developmentally disabled populations, 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,

Cathy Cushman, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909 (269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS390394306

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: Nichole VanNiman

Administrator: Aubry Napier

Name of Facility: Beacon Home At Kalamazoo

Facility Address: 2710 West Main Street

Kalamazoo, MI 49006

Facility Telephone #: (269) 427-8400

Original Issuance Date: 10/23/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/07/2025
Date of Bureau of Fire Services Inspection if applicable: N/A
Date of Health Authority Inspection if applicable: N/A
No. of staff interviewed and/or observed 3 No. of residents interviewed and/or observed 5 No. of others interviewed 2 Role: Compliance and Nurse
Medication pass / simulated pass observed? Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If no, explai
 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. Onsite inspection did not take place during a meal time; however, food was observed in the facility. 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
Number of excluded employees followed-up? 2 N/A N/A T N/A
 Variances? Yes (please explain) No N/A A variance to R 400.14315 was granted on 06/20/2024 allowing the licensee to utilize an electronic system to track Adult Foster Care payments.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDING: The basement bathroom was in disrepair during the inspection as it was being remodeled. The floor had been demoed, and the bathroom sink/vanity had been removed.

The light in the basement staff office, which residents have access to, was flickering.

R 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

FINDING: The carpeting in the basement resident bedroom was observably dirty.

REPEAT VIOLATION ESTABLISHED
SEE RENEWAL LSR DATED 03/27/2023, CAP DATED 03/29/2023

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

FINDING: Multiple ceiling tiles in the basement resident bedroom appeared to have water damage.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

FINDING: The bathtub off the hallway on the main level had observable flaking and chipping indicating it needs to be repaired.

REPEAT VIOLATION ESTABLISHED SEE RENEWAL LSR DATED 03/27/2023, CAP DATED 03/29/2023

R 400.14403 Maintenance of premises.

(8) Stairways shall have sturdy and securely fastened handrails. The handrails shall be not less than 30, nor more than 34, inches above the upper surface of the tread. All exterior and interior stairways and ramps shall have handrails on the open sides. All porches and decks that are 8 inches or more above grade shall also have handrails on the open sides.

FINDING: The basement stairs have no handrail for the last two steps, which are open on one side.

It should be noted, a stairway has two or more steps. Each stairway must have at least one handrail. Stairways with open sides must have rails on all open sides. All handrails are to be properly installed and meet the minimum height requirement.

R 400.14511 Flame-producing equipment; enclosures.

(1) If the heating plant is located in the basement of a small group home, standard building material may be used for the floor separation. Floor separation shall also include at least 1 3/4-inch solid core wood door or equivalent to create a floor separation between the basement and the first floor.

FINDING: The facility's furnace is in the basement where residents reside; however, there is no floor separation from the basement to the facility's main level. Subsequently, a fire door needs to be installed at either the top or the bottom of the facility's basement stairs to create floor separation.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the mentally ill and developmentally disabled populations are recommended.

Cathy Cuman	03/10/2025	
Cathy Cushman Licensing Consultant		Date