

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

April 30, 2025

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

| RE: License #: | AS440392507 |
|----------------|-----------------------|
| | Beacon Home At Lapeer |
| | 2368 Greenwood Rd. |
| | Lapeer, MI 48446 |

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification 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) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant Bureau of Community and Health Systems

P.O. Box 30664 Lansing, MI 48909

611 W. Ottawa Street

Mark Coops

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

I. IDENTIFYING INFORMATION

| License #: | AS440392507 |
|-----------------------------|--|
| | |
| Licensee Name: | Beacon Specialized Living Services, Inc. |
| | 0 " 440 |
| Licensee Address: | Suite 110 |
| | 890 N. 10th St. |
| | Kalamazoo, MI 49009 |
| Licensee Telephone #: | (269) 427-8400 |
| Licensee/Licensee Designee: | Ramon Beltran |
| Administrator: | Ramon Beltran |
| | |
| Name of Facility: | Beacon Home At Lapeer |
| | |
| Facility Address: | 2368 Greenwood Rd. |
| | Lapeer, MI 48446 |
| Facility Telephone #: | (810) 667-6167 |
| Original leavenee Date: | 05/09/2049 |
| Original Issuance Date: | 05/08/2018 |
| Capacity: | 6 |
| | DEVELOPMENTALLY DIGABLED |
| Program Type: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL AGED |
| | TRAUMATICALLY BRAIN INJURED |
| | TITADIVIATIOALLT BITAIN INJUITED |
| Certified Programs: | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |

II. METHODS OF INSPECTION

| Date | e of On-site Inspection(s): | 04/24/20 | 025 | | | |
|------|---|-----------|--------------------------|--|--|--|
| Date | e of Bureau of Fire Services Inspection if appl | icable: | N/A | | | |
| Date | e of Health Authority Inspection if applicable: | (| 01/14/2025 | | | |
| No. | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role: | | 3 6 | | | |
| • | Medication pass / simulated pass observed? | Yes 🖂 | No ☐ If no, explain. | | | |
| • | Medication(s) and medication record(s) revie | wed? Y | es 🛭 No 🗌 If no, explain | | | |
| • | Yes ⊠ No ☐ If no, explain. | | | | | |
| • | Fire drills reviewed? Yes ⊠ No ☐ If no, ex | xplain. | | | | |
| • | Fire safety equipment and practices observe | d? Yes | ⊠ No □ If no, explain. | | | |
| • | If no, explain. | | | | | |
| • | Incident report follow-up? Yes ☐ No ☒ If Incident report follow-up? | no, expla | in. | | | |
| • | Corrective action plan compliance verified? | Yes 🗌 (| CAP date/s and rule/s: | | | |
| • | Number of excluded employees followed-up? | ? 0 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 400.14505 | Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category. |
|--------------------|--|
| | (2) Approved heat detectors may be installed in place of smoke detectors in the kitchen or bathroom and in other areas of the home that contain flame- or heat producing equipment. |
| At the time of ins | pection, there was no smoke or heat detector in the |
| laundry/furnace/l | not water heater room. The hot water heater was enclosed and pected. |
| R 400.14511 | Flame-producing equipment; enclosures. |
| | (2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware. |
| | pection, the door was not equipped with an automatic self-closing ve latching hardware. |

IV. RECOMMENDATION

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

Mark Cours

04/30/2025

| Martin Gonzales | Date |
|----------------------|------|
| Licensing Consultant | |