



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 10, 2025

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

RE: License #: AS800242668  
**Beacon Home at Highland**  
**56838 48th Avenue**  
**Lawrence, MI 49064**

Dear Ms. 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 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) 335-5985.

Sincerely,

*Nile Khabeiry, LMSW*

Nile Khabeiry, 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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AS800242668

**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:** Nichole VanNiman

**Administrator:** Kim Howard

**Name of Facility:** Beacon Home at Highland

**Facility Address:** 56838 48th Avenue  
Lawrence, MI 49064

**Facility Telephone #:** (269) 427-8400

**Original Issuance Date:** 01/22/2002

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/10/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 3/10/25

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: District Director

- Medication pass / simulated pass observed? Yes  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  No  If no, explain.
  - Meal preparation / service observed? Yes  No  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  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  CAP date/s and rule/s: N/A
  - Number of excluded employees followed-up? N/A
  - Variances? Yes  (please explain) No  N/A
- 304 (1) (b)

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.14208**

**Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(f) Verification of reference checks.**

**FINDINGS:** No reference checks for employee N.L.

**R 400.14316**

**Resident records.**

**(1) A licensee shall complete, and maintain in the home, a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:**

**(g) Weight record.**

**FINDINGS:** Weights not recorded for Resident A and Resident C for several months in 2025.

**R 400.14401**

**Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

**FINDINGS:** Water temperature was 122.5 degrees F

**R 400.14401**

**Environmental health.**

**(7) Each habitable room shall have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. During fly season, from April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes shall be supplied with a standard screen of not less than 16 mesh.**

**FINDINGS:** No window screen in bedroom #6.

**IV. RECOMMENDATION**

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

*Nile Khabeiry, LMSW*

6/10/25

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Nile Khabeiry  
Licensing Consultant

Date