



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2025

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

RE: License #: AM030402101
Investigation #: 2025A0583044
Beacon Home at Hammond

Dear Ms. VanNiman:

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.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM030402101
Investigation #:	2025A0583044
Complaint Receipt Date:	06/27/2025
Investigation Initiation Date:	06/30/2025
Report Due Date:	07/27/2025
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Nichole VanNiman
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Hammond
Facility Address:	318 East Hammond Street Otsego, MI 49078
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	07/09/2020
License Status:	REGULAR
Effective Date:	01/26/2024
Expiration Date:	01/25/2026
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff Ashley Bender mistreated Resident A.	Yes

III. METHODOLOGY

06/27/2025	Special Investigation Intake 2025A0583044
06/30/2025	Special Investigation Initiated - Letter LARA Consultant Megan Aukerman
06/30/2025	APS Referral
07/01/2025	Inspection Completed On-site
07/10/2025	Exit Conference Licensee Designee Nichole VanNiman

ALLEGATION: Staff Ashley Bender mistreated Resident A.

INVESTIGATION: On 06/30/2025 I received complaint allegations from the LARA-BCHS-Complaints reporting system. The complaint alleged the following, staff “Ashley Bender threatened (Resident A) by saying she couldn’t smoke if she didn’t take her meds”. The complaint stated that the incident was witnessed by staff Amanda Kroeze and Licensed Practical Nurse Mary Grassi.

On 06/30/2025 I completed an online complaint to Adult Protective Services Centralized Intake.

On 07/01/2025 I completed an unannounced onsite investigation at the facility. Staff Madelyn Maxwell stated that staff Ashley Bender was not working, and Ms. Maxwell stated that she had no knowledge of the allegation. While onsite I attempted to interview Resident A who was dressed appropriately and presented with appropriate hygiene. Resident A suffers from dementia and because of her cognitive decline, was unable to recall the incident. Resident A stated that she was happy residing at the facility and was happy with the level of care provided.

On 07/07/2025 I interviewed Licensed Practical Nurse, Mary Grassi, via telephone. Ms. Grassi stated that she works for the facility. Ms. Grassi stated that “two to three weeks ago” Ms. Grassi observed staff Ashley Bender tell Resident A that if Resident A didn’t take her medications, Ms. Bender would not allow Resident A to smoke her cigarettes. Ms. Grassi stated that Resident A had not refused her medications from

Ms. Bender. Ms. Grassi stated that she could not recall whether Resident A was upset by the verbal exchange and Resident A did take her medications from Ms. Bender.

On 07/07/2025 I interviewed staff Amanda Kroeze via telephone. Ms. Kroeze stated that a little over two weeks ago Ms. Kroeze was in the kitchen while staff Ashley Bender and Resident A were in the “same area by the medication room door”. Ms. Kroeze stated that Resident A swallowed her medication “pill” however the pill came out of Resident A’s mouth and into her cup of water. Ms. Kroeze stated that Ms. Bender became upset as evidenced by “yelling” in a loud volume at Resident A. Ms. Kroeze stated that Ms. Bender “yelled” at Resident A by stating, “If you don’t take your meds, you can’t smoke”. Ms. Kroeze stated that at no time during the incident did Resident A refuse her medications. Ms. Kroeze stated that she told Ms. Bender, “You can’t talk to residents like that” and Ms. Kroeze reported that incident to the “home manager”.

On 07/08/2025 I interviewed staff Ashley Bender via telephone. Ms. Bender stated that facility staff routinely use “bribery” to get Resident A to ingest her medications. Ms. Bender stated that Resident A often spits her medications out and Ms. Bender routinely tells Resident A that if she doesn’t take her medications, Resident A cannot have her cigarettes. Ms. Bender stated that she is unsure if Resident A has hearing deficiencies because Ms. Bender often raises her voice tone to get Resident A’s attention. Ms. Bender stated that she has never raised her voice tone with Resident A because Ms. Bender is angry.

On 07/10/2025 I completed an Exit Conference via telephone with Licensee Designee Nichole VanNiman. Ms. VanNiman stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following: (f) Subject a resident to any of the following: (iv) Threats.
ANALYSIS:	LPN Mary Grassi and staff Amanda Kroeze both reported that staff Ashley Bender told Resident A that if she didn’t take her medications, Resident A could not smoke. Staff Ashley Bender stated that facility staff routinely use “bribery” to get Resident A to ingest her medications. Ms. Bender stated that Resident A often spits her medications out

	and Ms. Bender routinely tells Resident A that if she doesn't take her medications, Resident A cannot have her cigarettes. Based upon my investigation, which consisted of multiple interviews and a review of pertinent documentation relevant to this investigation, it has been established that staff Ashley Bender verbally mistreated Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receiving an acceptable Corrective Action Plan, I recommend no change to the license.



07/10/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:



07/10/2025

Jerry Hendrick
Area Manager

Date