



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 31, 2025

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

|                |  |
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| RE: License #: | AM610305548<br>Beacon Home at Lakeview<br>403 S. Mears Ave.<br>Whitehall, MI 49461 |
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Dear Mr. Beltran:

Attached is the Licensing Study Report for the above referenced facility. The study has determined compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

Elizabeth Elliott, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 901-0585

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

**I. IDENTIFYING INFORMATION**

|                                    |   |
|------------------------------------|---|
| <b>License #:</b>                  | AM610305548   |
| <b>Licensee Name:</b>              | Beacon Specialized Living Services, Inc.  |
| <b>Licensee Address:</b>           | Suite 110<br>890 N. 10th St.<br>Kalamazoo, MI 49009   |
| <b>Licensee Telephone #:</b>       | (269) 427-8400  |
| <b>Licensee/Licensee Designee:</b> | Ramon Beltran, Designee   |
| <b>Administrator:</b>              | Suzy Hunter, Administrator  |
| <b>Name of Facility:</b>           | Beacon Home at Lakeview   |
| <b>Facility Address:</b>           | 403 S. Mears Ave.<br>Whitehall, MI 49461  |
| <b>Facility Telephone #:</b>       | (231) 894-0501  |
| <b>Original Issuance Date:</b>     | 02/08/2013  |
| <b>Capacity:</b>                   | 12  |
| <b>Program Type:</b>               | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED<br>TRAUMATICALLY BRAIN INJURED |
| <b>Certified Programs:</b>         | DEVELOPMENTALLY DISABLED<br>MENTALLY ILL  |

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/24/2025

Date of Bureau of Fire Services Inspection if applicable: 11/18/2024

Date of Health Authority Inspection if applicable: 07/24/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Carol Welsh, home mgr.

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
At the time of the inspection, resident medications were not being administered.  
So, an inspection of resident MARs and medications was completed.
- 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 ☒

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult medium group home (capacity 12).

A handwritten signature in cursive script that reads "Elizabeth Elliott".

07/31/2025

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Elizabeth Elliott  
Licensing Consultant

Date