



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2025

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

RE: License #: AS810393269
Investigation #: 2025A0575045
Beacon Home At Ypsilanti

Dear Mr. Beltran:

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days.

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 (517) 284-9720.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey J. Bozsik".

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

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

I. IDENTIFYING INFORMATION

License #:	AS810393269
Investigation #:	2025A0575045
Complaint Receipt Date:	09/04/2025
Investigation Initiation Date:	09/04/2025
Report Due Date:	11/03/2025
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	890 N. 10 th St., Suite 110 Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Ramon Beltran
Licensee Designee:	Ramon Beltran
Name of Facility:	Beacon Home At Ypsilanti
Facility Address:	7862 Tuttle Hill Road Ypsilanti, MI 48197
Facility Telephone #:	(734) 221-5424
Original Issuance Date:	05/24/2018
License Status:	REGULAR
Effective Date:	11/24/2024
Expiration Date:	11/23/2026
Capacity:	6
Program Type:	PH; DD; MI; AGED; TBI

II. ALLEGATION(S)

	Violation Established?
Resident A alleged staff member Tacarah Moorer assaulted him and was belligerent and confrontational.	Yes
Resident B's use of his food stamp/bridge card was alleged to be financial exploitation.	Yes

III. METHODOLOGY

09/04/2025	Special Investigation Intake-2025A0575045
09/04/2025	APS Referral
09/04/2025	Referral - Recipient Rights
09/04/2025	Special Investigation Initiated - On Site
09/04/2025	Inspection Completed On-site-(a) interview with (a) Resident A; (b) Tricia Porter-home manager
09/05/2025	Contact - Telephone calls made-(1) direct care staff: (a) Tacarah Moorer; (b) Gabriella Gray; (c) Angel McCoy. (2) Guardian A1
09/08/2025	Contact - Telephone call made-(a) Tricia Porter, home manager; (b) Guardian B1; (c) Tacarah Moorer, direct care staff.
09/09/2025	Contact - Telephone call made- Resident B's mother
09/09/2025	Inspection Completed-BCAL Sub. Compliance-interview with (a) Resident B, and (b) Tricia Porter, home manager.
09/09/2025	Corrective Action Plan Requested and Due on 09/30/2025
09/09/2025	Exit Conference with Ramon Beltran, licensee designee

ALLEGATION:

Resident A alleged staff member Tacarah Moorer assaulted him and was belligerent and confrontational.

INVESTIGATION:

On 9/4/2025, APS and ORR referrals were made/received.

On 9/4/2025, I interviewed Resident A. He stated that on 8/30/2025 direct care staff Tacarah Moorer woke him up at 5:00AM and told him to take out the trash. He stated that he told her he could not take out the trash because he had fallen off his bicycle and injured his wrist and elbow. He stated that he told her he has a medical doctor's order that restricted him from lifting anything over 2 lbs. for the next 6 weeks. He stated that Tacarah Moorer told him she did not care about the medical doctor's order, was belligerent and pushed him against a wall. He stated that he was not injured and that no one else witnessed her push him.

On 9/4/2025, I interviewed Tricia Porter, home manager. She stated that she was not present in the facility at the time of the incident. She produced the medical doctor's order dated 8/22/2025 that limited Resident A from lifting anything more than 2 lbs. for the next 6 weeks. She provided the names and telephone numbers of the three staff that were working on 8/30/2025.

On 9/5/2025, I interviewed direct care staff Gariella Gray. She stated that she was not in the facility at the time of the incident and did not witness or hear anything.

On 9/5/2025, I interviewed direct care staff Angel McCoy. He stated that he did not witness Tacarah Moorer shove Resident A into the wall, but he did hear her aggressive and confrontational interaction with Resident A. He stated that he heard her state that she did not care if he had a medical doctor's order.

On 9/5/2025 and on 9/8/2025, I telephoned direct care staff Tacarah Moorer numerous times. She did not return any of my calls.

On 9/8/2025, I telephoned Guardian A1. He stated that he is Resident A's relative and is very satisfied with his placement at the Beacon home. He stated that Resident A is a difficult placement and has many challenging behaviors.

On 9/9/2025, Ramon Beltran, licensee designee, stated that Tacarah Moorer's employment is terminated since she did not return my calls or otherwise cooperate with this special investigation.

APPLICABLE RULE	
R 400.14308	Resident behavior interventions prohibitions.
	(1) A licensee shall not mistreat a resident and shall not permit the administrator, direct care staff, employees, volunteers who are under the direction of the licensee, visitors, or other occupants of the home to mistreat a

	resident. Mistreatment includes any intentional action or omission which exposes a resident to a serious risk or physical or emotional harm or the deliberate infliction of pain by any means.
ANALYSIS:	Since staff Angel McCoy corroborated Resident A's allegation of staff Tacarah Moorer being verbally belligerent, confrontational and blatantly ignoring his medical restriction even though he did not corroborate Tacarah Moorer assaulting Resident A, then Tacarah Moorer mistreated Resident A.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident B's use of his food stamp/bridge card was alleged to be financial exploitation.

INVESTIGATION:

On 9/8/2025, I interviewed Tricia Porter. She stated that she was off schedule on 8/22/2025 and 8/24/2025 when Resident B used his food stamp/bridge card to purchase \$1200 worth of meat and food at Cattleman's meat market, Kroger's and Aldi Insta-cart. She stated that Resident B requested and the staff on duty gave him his food stamp/bridge card on 8/22/2025 and 8/24/2025 to use. She stated that the staff did not accompany or otherwise supervise Resident B's use of his food stamp/bridge card. She stated that staff were supposed to accompany Resident B when he used his food stamp/bridge card, that Resident B stated that he used the food stamp/bridge card to purchase food for his mother's barbeque, and that Guardian B1 requested that the food stamp/bridge card be returned after the \$1200 purchase, which she did on 9/8/2025.

On 9/8/2025, I interviewed Guardian B1. She stated that she told the home manager not to allow Resident B to have possession of his food stamp/bridge card because he could use it to acquire cash and then buy drugs/marijuana. She stated that on 7/31/025 the home manager took possession of Resident B's food stamp/bridge card and kept the food stamp/bridge card in the office safe. Finally, she stated that she is not sure who spent Resident B's food stamp money.

On 9/9/2025, I interviewed Resident B. He stated that he used his food stamp/bridge card to buy food for his mother's barbeque. He stated that she picked him up at the facility and they went shopping for her barbeque.

On 9/9/2025, I interviewed Tricia Porter who stated that Resident B's mother did not sign the visitor log on 8/22/2025 or on 8/24/2025. She stated that if Resident B's

mother picked him up at the facility it was out in the driveway, as no staff witnessed her at the facility.

On 9/9/2025, I telephoned Resident B's mother numerous times. She did not answer the telephone and did not return my calls.

On 9/9/2025, I conducted an exit conference with Ramon Beltran, licensee designee. He stated that he understood my findings.

APPLICABLE RULE	
R 400.14315	Handling of resident funds and valuables.
	(2) The care of any resident funds and valuables that have been accepted by a licensee for safekeeping shall be treated by the licensee as a trust obligation.
ANALYSIS:	Although I could not determine if Resident B was financially exploited by someone, once the facility staff/manager accepted Resident B's food stamp/bridge card for safekeeping, the staff/manager created a trust obligation with respect to safekeeping, control and use of Resident B's food stamp/bridge card. Therefore, when the staff allowed Resident B to have unsupervised use and control of his food stamp/bridge card contrary to the guardian's instructions, they breached their trust obligation.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.



Jeffrey J. Bozsik
Licensing Consultant

Date: 9/9/2025

Approved By:



Ardra Hunter
Area Manager

Date: 9/11/2025