



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 3, 2025

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

RE: Application #: AM400418871  
Beacon Home At Fife Lake  
5568 Gonyer Road  
Fife Lake, MI 49633

Dear Mr. Beltran:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 8 is issued.

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 that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM400418871

**Applicant Name:** Beacon Specialized Living Services, Inc.

**Applicant Address:** Suite 110  
890 N. 10th St.  
Kalamazoo, MI 49009

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

**Licensee Designee:** Ramon Beltran

**Administrator:** Roxanne Goldammer

**Name of Facility:** Beacon Home At Fife Lake

**Facility Address:** 5568 Gonyer Road  
Fife Lake, MI 49633

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

**Application Date:** 10/02/2024

**Capacity:** 8

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

## II. METHODOLOGY

10/02/2024	Enrollment
10/02/2024	Application Incomplete Letter Sent
10/02/2024	PSOR on Address Completed
10/24/2024	Inspection Completed-Fire Safety: A
12/03/2024	File Transferred to Field Office
04/09/2025	Application Incomplete Letter Sent Requested remaining documentation needed for licensure
04/15/2025	Inspection Report Requested - Health
07/11/2025	Inspection Report Requested - Health Duplicate request - County stated they did not receive original
08/12/2025	Inspection Completed-Environmental Health: A
09/22/2025	Inspection Completed On-site
09/23/2025	Contact – Requested remaining documentation needed for licensure
09/26/2025	Inspection Completed – Fire Safety: A
10/02/2025	Contant – Document received Remaining required documentation received

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Beacon Home at Fife Lake adult foster care home is a large ranch-style home in a rural area near Fife Lake, Michigan. The home has a kitchen, dining room and living area where residents can congregate. The residents also have access to the laundry room and pantry of the home. There are two wings leading from both directions from the living area that contain the resident rooms. Each separate wing has four resident rooms and a bathroom. The staff office, staff room and medication room are not typically used by residents. Outside, the residents have access to a large yard with a gazebo and various seating accommodations. There is a fence surrounding the back yard of the home which remains in place from previous owners. The gates of the fence are kept unlocked.

The furnace and water heater are both located in the crawlspace of the home, which is accessible from an outside opening. The facility is equipped with an interconnected,

hardwired smoke detection system, with battery backup, which was installed by a licensed electrician. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout. There are three exits from the home which are to be used in case of an emergency and when conducting fire drills. The meeting place used when evacuating is the gazebo in the backyard of the home. Fire drills will be practiced and documented during daytime, evening and sleeping hours once each per quarter.

The facility was “Approved” by the Kalkaska County Health Department on August 12, 2025. This included finding substantial compliance with applicable rules pertaining to environmental health with an inspection of the well and septic system. A water analysis test was also completed which proved to be satisfactory.

The facility was “Approved” by the Bureau of Fire Services on September 26, 2025.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Area	Room Capacity
1	10' x 10'	100 square feet	1
2	10' x 10'	100 square feet	1
3	10' x 10'	100 square feet	1
4	10' x 10'	100 square feet	1
5	10' x 10'	100 square feet	1
6	10' x 10'	100 square feet	1
7	10' x 10'	100 square feet	1
8	10' x 10'	100 square feet	1

The dining and living areas measure a total of 690 square feet. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate eight residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

**B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to 8 male or female ambulatory or non-ambulatory adults who are diagnosed with a mental illness and/or a developmental disability in the least restrictive environment possible.

The program for the mentally ill residents will include the development of skills related to social interaction, personal hygiene, personal adjustment, and public safety. A personal behavior support plan will be designed and implemented for each resident’s social and behavioral developmental needs.

Programs for the Developmentally Disabled will include physical and occupational therapy services, assistance and training with activities of daily living skills, job skills training and other activities as directed by the resident's supervising agency or as written in the resident's person centered plan.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each resident's Resident Care Agreement. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's financial statement and a budget submitted to operate the adult foster care facility. The applicant also has cash in reserve.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. They have been determined to be of good moral character. The applicant (Licensee Designee) and administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 8-bed facility is adequate and includes a minimum of 1 staff -to- 8 residents per shift during awake hours and 1 staff -to- 8 residents during sleeping hours. All staff shall be awake when needed according to the needs of the residents and/or as dictated by any agency contracts.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability and qualification requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

**D. Rule/Statutory Violations**

The applicant was in substantial compliance with the licensing act and applicable administrative rules at the time of licensure.

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to this adult foster care (AFC) medium group home (capacity 8).



10/02/2025

---

Adam Robarge  
Licensing Consultant

Date

Approved By:



10/03/2025

---

Jerry Hendrick  
Area Manager

Date