



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 18, 2025

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

RE: License #: AS630387840
Investigation #: 2026A0605001
Beacon Home at Lake Orion

Dear Nichole 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 feel free to 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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Frodet Dawisha". The signature is written in dark ink on a white background.

Frodet Dawisha, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd., Ste 9-100
Detroit, MI 48202
(248) 303-6348

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630387840
Investigation #:	2026A10/14/20250605001
Complaint Receipt Date:	
Investigation Initiation Date:	10/14/2025
Report Due Date:	12/13/2025
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator/Licensee Designee:	Ramon Beltran
Name of Facility:	Beacon Home at Lake Orion
Facility Address:	175 E. Silverbell Rd. Lake Orion, MI 48360
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	10/10/2017
License Status:	REGULAR
Effective Date:	08/08/2024
Expiration Date:	08/07/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED/ AGED DEVELOPMENTALLY DISABLED/MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
On 10/08/2025 at 5:00 AM, Program Director Jana Jones found direct care staff (DCS) Donisha Johnson asleep in her car in the garage during an unannounced visit, leaving all five residents unattended as she was the only staff on duty.	Yes
Additional Findings	Yes

III. METHODOLOGY

10/14/2025	Special Investigation Intake 2026A0605001
10/14/2025	Special Investigation Initiated - Telephone Discussed allegations with Central Michigan Recipient Rights (CMRR) Sarah Watson
10/14/2025	APS Referral Adult Protective Services (APS) referral made
10/14/2025	Contact - Document Received APS denied the referral
10/17/2025	Inspection Completed On-site Conducted unannounced on-site investigation
11/12/2025	Contact - Telephone call made Attempted to call Jana Jones, Program Director with Beacon Specialized Living but she is out of the office until 11/17/2025.
11/12/2025	Contact - Telephone call made Left message for Nichole VanNiman requesting a return call to conduct the exit conference since licensee designee Ramon Beltran is not available
11/18/2025	Exit Conference Left detailed voice mail message for Nichole VanNiman with my findings

ALLEGATION:

On 10/08/2025 at 5:00 AM, Program Director Jana Jones found direct care staff (DCS) Donisha Johnson asleep in her car in the garage during an unannounced visit, leaving all five residents unattended as she was the only staff on duty.

INVESTIGATION:

On 10/14/2025, intake #207726 was referred by Central Michigan Office of Recipient Rights (CM-ORR). I made a referral to Adult Protective Services (APS). APS denied the referral.

On 10/14/2025, I contacted CM-ORR worker Sarah Watson and discussed the allegations. Ms. Watson received an incident report (IR) from Beacon Specialized Living Services, Inc., Program Director Jana Jones. Ms. Jones reported that she conducted an unannounced visit to this home around 5AM on 10/08/2025 and found DCS Donisha Johnson sleeping in her vehicle in the garage. CM-ORR provides services to Resident A; however, there are four other residents at this home. Ms. Watson will be substantiating her case for Neglect 3.

On 10/14/2025, I received an email from CM-ORR Ms. Watson with a picture of Donisha Johnson in the vehicle and the IR written by the Program Director Jana Jones. Ms. Watson also included her interview with Ms. Jones on 10/09/2025 and 10/10/2025. I reviewed the picture and the driver's seat was laid down and Donisha was lying on her right side with her right arm underneath her head. She appeared to be sleeping. The IR supports the information provided by Ms. Jones to Ms. Watson.

On 10/17/2025, I conducted an unannounced on-site investigation. The home manager (HM) Amanda Rondo, DCS Donisha Johnson, DCS Dorothy Burton, and Residents A, B, C, D, and E were present.

I interviewed the HM Amanda Rondo regarding the allegations. Ms. Rondo was aware of the allegations. Donisha has been working for this corporation for six months. Donisha is pregnant and normally works first shift, 7AM-7PM. There are two DCS during first shift and one DCS during second shift from 7PM-7AM. On 10/08/2025, Donisha was asked to cover that shift and she agreed. The supervisor, (Program Director Jana Jones) did a pop-up visit and found Donisha sleeping in her car. Ms. Jones immediately contacted Ms. Rondo advising her what happened and told Ms. Rondo that Residents A, B, C, D, and E were sleeping. Ms. Jones sent Donisha home and wrote the IR. Donisha was taken off schedule but is now back on as she is working today. Ms. Rondo stated this was an isolated incident and that Donisha is "overall a decent staff."

On 10/17/2025, I interviewed DCS Donisha Johnson regarding the allegations. She has worked for this corporation for about seven months. She works first shift 7AM-7PM because she is pregnant, but on 10/08/2025, she picked up second shift from 7PM-7AM at the last minute. There is one DCS working second shift. Donisha administered medications around 8PM, then did her hourly rounds and then all the residents went to bed around 12AM. At 4AM, she decided to make a phone call to her boyfriend who is a truck driver in her car parked in the garage. She said, "We don't get breaks, and I wanted to make a private call and made sure it was private because I didn't want the guys to hear." Donisha stated at 4:15AM, she saw Jana Jones come from inside the house, take a picture of her in the car and then Ms. Jones stood in front of the driver's door. Donisha stated, "I felt that she did not want me to get out of the car and then she told me to go home, so I did." Donisha denied sleeping in the car. She stated that this was an isolated incident because the residents are "usually awake."

On 10/17/2025, I interviewed DCS Dorothy Burton regarding the allegations. Dorothy has been working for this corporation for a couple of months. She too works first shift from 7AM-7PM. Dorothy was not working on 10/08/2025 with Donisha; therefore, she does not know what happened nor did she hear what happened. Dorothy denied sleeping during her shift and denied observing any DCS including Donisha sleep during first shift.

On 10/17/2025, I attempted to interview Resident A, Resident B, Resident C, and Resident D but they all refused to be interviewed and stated, "I don't want to talk." Resident E was at school.

On 11/12/2025, I attempted to call Program Director Jana Jones, but her recording stated she was out of the office until 11/17/2025.

On 11/12/2025, I left message for Nichole VanNiman requesting a return call to conduct the exit conference since licensee designee Ramon Beltran is not available.

On 11/18/2025, I received Resident A's individual plan of service (IPOS) from CM-ORR Sarah Watson. According to the amended IPOS dated 02/14/2025, Resident A requires safety checks by staff due to leg amputation. Resident A requires 24-hour staffing due to poor impulse control and to ensure his and everyone else's health and safety.

APPLICABLE RULE	
R 400.633	Staffing requirements.
	(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and

	<p>resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following:</p> <p>(b) 12 residents for small group and family homes.</p>
ANALYSIS:	<p>On 10/08/2025, DCS Donisha Johnson was working alone on the second shift from 7PM-7AM when she went into her car parked in the garage to make a call around 4AM. Donisha stated that Residents A, B, C, D, and E were sleeping inside. The Program Director Jana Jones conducted a surprise visit around 5AM and found Donisha sleeping in her car leaving the residents alone inside the home. I reviewed the picture taken by Ms. Jones and it appeared that Donisha was sleeping in her car. Therefore, there was insufficient DCS on duty for the supervision, personal care, and protection of Residents A, B, C, D, and E.</p>
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.671	Resident care.
	<p>(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.</p>
ANALYSIS:	<p>Based on my investigation and the review of Resident A's IPOS, DCS Donisha Johnson did not provide 24 hours of supervision, protection, and personal care as specified in Resident A's IPOS when she left Resident A and all the other residents alone in the home and slept in her car on 10/08/2025.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the on-site investigation on 10/17/2025, I observed Resident B’s bedroom, and it was not in an orderly appearance. There were piles of clothes on Resident B’s bed and on the floor. HM Amanda Rondo called Resident B into her office and asked him about his bedroom. Resident B stated, “it’s hard for me to clean it by myself.” Amanda told Resident B that she and other staff would help him clean his bedroom.

I also observed the dining room floor scratched in several places. The HM Amanda Rondo stated that the scratches on the floor were caused by residents sitting on the dining table bench and “scooting.” Their maintenance person was present and stated he would address the issue.

On 11/18/2025, I conducted exit conference by leaving a detailed voice mail message for Nichole VanNiman with my findings.

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.
ANALYSIS:	Based on my observations on 10/17/2025, Resident B’s bedroom was not clean and not in orderly appearance. There were piles of clothes on his bed and on the floor.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.
ANALYSIS:	Based on my observations on 10/17/2025, the dining room floor was scratched in several places and not in good repair.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Frodet Dawisha

11/18/2025

Frodet Dawisha
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

11/18/2025

Denise Y. Nunn
Area Manager

Date