



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 5, 2025

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

RE: License #: AS390406169
Beacon Home at Al Sabo
7519 S. 10th St.
Kalamazoo, MI 49009

Dear Ms. VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads 'Ondrea Johnson'.

Ondrea Johnson, Licensing Consultant
Bureau of Community and Health Systems

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

I. IDENTIFYING INFORMATION

License #: AS390406169

Licensee Name: Beacon Specialized Living Services, Inc.

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

Licensee Telephone #: (269) 427-8400

Licensee Designee: Nichole VanNiman

Administrator: Aubry Napier

Name of Facility: Beacon Home at Al Sabo

Facility Address: 7519 S. 10th St.
Kalamazoo, MI 49009

Facility Telephone #: (269) 488-6943

Original Issuance Date: 05/10/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/03/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: 08/14/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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
Funds II Form replaced with electronic tracking for monthly rent payments

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.629 Direct care staff; qualifications and training.

(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently:

(a) Reporting requirements.

FINDINGS: Employees B. McDonald and Aline Mejia do not have training verification for reporting requirements.

R 400.647 Safety and maintenance of premises.

(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDINGS: Kitchen ceiling in need of repair.

R 400.647 Safety and maintenance of premises.

(13) Rugs on hard finished floors must have a nonskid backing.

FINDINGS: Resident A has rugs in her bedroom/bathroom that do not have a nonskid backing.

R 400.661 Bedroom furnishings.

(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.

FINDINGS: Resident B and Resident C do not have mirrors in their bedrooms.

R 400.665 Food service.

(5) Refrigerators and freezers must be equipped with thermometers.

FINDINGS: Kitchen freezer does not have a thermometer and basement refrigerators do not have thermometers.

R 400.691 Resident records.

(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:

(g) Admission and monthly weight record.

FINDINGS: Resident A and Resident B do not have recorded weights for each month.

R 400.701

Required personnel policies.

(1) A licensee shall have all the following written policies and procedures:

(f) The process for reviewing the licensing statute and administrative rules with adult foster care staff.

FINDINGS: Facility cannot provide required personnel policies for the department to review.

A corrective action plan was requested and approved on 11/05/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Ondrea Johnson
Licensing Consultant

11/5/2025
Date