



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 12, 2025

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

RE: License #: **AS630393369**
Beacon Home at Clarkston
10358 Horseshoe Circle
Clarkston, MI 48348

Dear Ramon Beltran:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee designee and a date.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan within 15 days.

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristen Donnay". The signature is written in a dark ink and is positioned below the word "Sincerely,".

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
 BUREAU OF COMMUNITY AND HEALTH SYSTEMS
 RENEWAL INSPECTION REPORT
 THIS REPORT CONTAINS QUOTED PROFANITY**

I. IDENTIFYING INFORMATION

License #:	AS630393369
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	890 N. 10th St. Suite 110 Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Licensee Designee:	Ramon Beltran
Administrator:	Ramon Beltran
Name of Facility:	Beacon Home at Clarkston
Facility Address:	10358 Horseshoe Circle Clarkston, MI 48348
Facility Telephone #:	(248) 922-7413
Original Issuance Date:	10/16/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/05/2025

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

Date of Health Authority Inspection if applicable: 07/09/25

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 0
No. of others interviewed 1 Role: Asst. VP of Operations

- 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

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.605	Rule compliance; cooperation by applicant or licensee.
	(1) An applicant or licensee shall make available to the department any document necessary to determine compliance with the act and these rules.

During the onsite inspection on 11/05/25, employee files were not available to review. A request was made for the files on 11/05/25, 11/06/25, and 11/10/25; however, they were not provided.

R 400.619	Emergency preparedness plan.
	(8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.

During the period under review a fire drill was not conducted during sleeping hours (11pm-7am) for the three-month period of July-September 2024 or April-June 2025.

R 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.

During the onsite inspection, there was no resident funds transaction form on file to show payments of services provided for Resident E or Resident J.

R 400.639	Staff records.
	(1) A licensee shall maintain a record for each staff that contains all of the following: (a) Name, address, telephone number, and Social Security number. (b) Copy or number of a professional or vocational license, certification, or registration if staff provides professional or vocational services. (c) Copy of a driver's license if staff provide transportation services. (d) Verification of age.

	<ul style="list-style-type: none"> (e) Verification of experience, highest level of education completed, and training. (f) Verification of not less than 2 reference checks. If reference checks cannot be obtained, documentation verifying reference checks were attempted must be maintained. (g) Beginning and ending dates of employment on separation. (h) Health information as required by these rules. (i) Verification of the receipt by the staff of personnel policies and job descriptions.
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During the onsite inspection on 11/05/25, employee files were not available to review. A request was made for the files on 11/05/25, 11/06/25, and 11/10/25; however, they were not provided, so it could not be determined if the required documents were on file.

R 400.641	Resident behavior interventions.
	<ul style="list-style-type: none"> (6) A licensee, staff, volunteers, or any person who lives in the facility shall not do any of the following: <ul style="list-style-type: none"> (f) Subject a resident to any of the following: <ul style="list-style-type: none"> (ii) Verbal abuse. (iii) Derogatory remarks.

During the onsite inspection, I reviewed an incident report completed by direct care worker, Kiarah Keels on 10/25/25. The incident report notes that Ms. Keels observed direct care worker, Nadia Atkins, getting into an altercation with Resident E. Resident E and Ms. Atkins were arguing. Resident E threw her medications and stated that she was not taking them. Ms. Atkins stated, "You didn't have to throw them. You could have gave them back to me, you rude bitch." Ms. Keels told Ms. Atkins to calm down and not to jeopardize her job. Ms. Atkins continued to tell Resident E, "Bitch that's why you don't have your kids ugly ass." She continued to yell at Resident E. Resident E got upset and ran yelling towards staff in the medication room. Resident E threw a water bottle at Ms. Atkins. Ms. Atkins threw the water bottle back towards her. Ms. Keels intervened and tried to de-escalate the situation to keep Resident E safe. Resident E began to yell at Ms. Atkins, saying, "You don't know who you're fucking with. You don't know why I don't have my kids. I'll beat your ass." Ms. Atkins replied, "I'm waiting." Resident E walked out of the home and attempted to elope. Ms. Keel was able to redirect her and validate her feelings.

The home manager stated that this incident is being investigated by the Office of Recipient Rights in Saginaw County. Nadia Atkins has been removed from the schedule at the home.

R 400.647	Safety and maintenance of premises.
	(5) Floors, walls, and ceilings must be cleanable, maintained clean, and in good repair.

During the onsite inspection, the walls throughout the facility and in the bedrooms were scuffed and the paint was showing signs of excessive wear and tear. The wood was splintering and chipped on the bottoms of the doors.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 11/22/23; CAP Dated: 12/04/23

R 400.649	Electrical service.
	Electrical service must be maintained in a safe condition. Where conditions indicate a need for inspection, and on all new or remodeled projects, the electrical service must be inspected by a qualified electrical inspection service and a copy of the inspection report must be maintained for 2 years.

During the onsite inspection, the light in the dining room area was flickering and dimming. The light in bedroom #1 was dim and not working properly.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 11/22/23; CAP Dated: 12/04/23

R 400.665	Food service.
	(5) Refrigerators and freezers must be equipped with thermometers.

During the onsite inspection, the refrigerator and freezer were not equipped with thermometers.

R 400.665	Food service.
	(6) Food service equipment and utensils must be constructed of materials that are nontoxic, easily cleaned, and maintained in good repair. Food service equipment and eating and drinking utensils must be thoroughly cleaned and air dried after each use.

During the onsite inspection, I observed that the nonstick coating on the pots and pans was peeling and scratched off.

R 400.673	Use of assistive devices, therapeutic support.
	(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.

At the time of the onsite inspection, there was no written authorization on file from a licensed health care professional for Resident E’s wheelchair or walker.

R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

During the onsite inspection, it could not be determined that medications were being given as prescribed. The start dates on several bubble packs did not align with the number of pills remaining in the bubble packs, as some bubble packs had too many pills remaining and some had too few pills remaining. Medications are delivered and started on different days throughout the month. The home manager indicated that at times, staff use pills from the afternoon or evening bubble packs when they run out of pills for the morning dose and vice versa. Medications were also not administered throughout the month due to medications not being delivered on time from the pharmacy. There was no documentation regarding staff’s efforts to obtain the medications prior to them running out. For example, I noted the following:

- Resident E’s bubble pack for Baclofen 20mg indicated “second start date: 10/11/25.” Staff stated that on 10/11/25 there were pills popped out of the bubble pack, but there was no start date written on the bubble pack, so they noted the second start date. Staff did not indicate anywhere how many pills were popped before the second start date, so it could not be determined if the correct number of pills had been administered.
- Resident E’s bubble pack for the 8:00am dose of Buspirone 5mg had a start date of 10/12/25. There should have been five pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were six pills remaining in the bubble pack.
- Resident E’s bubble pack for the 8:00am dose of Metformin 1000mg had a start date of 10/11/25. There should have been four pills remaining in the

bubble pack at the time of the onsite inspection on 11/05/25; however, there were three pills remaining in the bubble pack.

- Resident E's bubble pack for the 8:00am dose of Cetirizine 10mg had a start date of 10/12/25. There should have been five pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were four pills remaining in the bubble pack.
- Resident E's bubble pack for the 5:00pm dose of Glipizide 5mg had a start date of 10/14/25. There should have been eight pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were nine pills remaining in the bubble pack. The bubble pack also had a label indicating "bedtime" when the medication is to be administered at 5:00pm.
- Resident E's bubble pack for the 8:00pm dose of Atorvastatin 10mg had a start date of 10/14/25. There should have been eight pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were five pills remaining in the bubble pack.
- Resident E's bubble pack for the 8:00pm dose of Hydroxychlor 200mg had a start date of 10/16/25. There should have been ten pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were nine pills remaining in the bubble pack.
- Resident E's bubble pack for the 8:00pm dose of Labetalol 100mg had a start date of 10/09/25. There should have been three pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were two pills remaining in the bubble pack.
- An incident report dated 08/31/25, noted that Resident E had not received her insulin in three days due to the medication not being in the home. The incident report notes that Resident E is her own guardian and has not been staying on top of her medications.
- An incident report dated 10/07/25, noted that Resident E did not receive her Lisinopril due to the medication being out of stock.
- Resident J's October 2025 MAR indicated that the 8:00am dose of Fluticasone Propionate 0.05mg was not administered due to the medication not being in the home 10/08/25-10/12/25 and on 10/15/25.
- Resident J's October 2025 MAR indicated that the 8:00am dose of Cetirizine 10mg and Atorvastatin 40mg were not administered on 10/21/25 due to the medication not being delivered by the pharmacy yet.
- Resident J's bubble pack for the 8:00am dose of Rexulti 4mg had a start date of 10/12/25. There should have been five pills remaining in the bubble pack at the time of the onsite inspection on 11/05/25; however, there were six pills remaining in the bubble pack.

- During the onsite inspection on 11/05/25, Resident J's Probiotic 250mg capsule and Vitamin B12 500mg tablet were not in the home and were not passed on 11/05/25. The home manager indicated that there was no script for the medications and they were discontinued. There was no documentation or order on file showing that the medications were discontinued.
- The instructions for Resident J's Venlaxafine 150mg state take two capsules by mouth every morning for 30 days and the instructions for Caplyta 42mg state take one capsule by mouth every night at bedtime for 30 days. Both medications were initialed for 31 days in October and for the first five days of November. There was no documentation to show that the instructions changed and the medication was to be administered for more than 30 days.

R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(b) Complete an individual medication log that contains all of the following:</p> <ul style="list-style-type: none"> (i) Medication name. (ii) Dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given.

During the onsite inspection, I reviewed Resident E's October 2025 and November 2025 medication administration records (MARs). I noted the MARs were not initialed for the following:

- 8:00am dose of all medications on 10/21/25
- 11:30am, 12:00pm, 4:00pm, and 5:00pm dose of all medications on 10/27/25
- 8:00pm dose of all medications on 10/30/25
- 8:00pm dose of Acyclovir Tab 400mg on 10/16/25
- 12:00pm dose of Arthritis Pain Gel 1% on 10/10/25, 4:00pm dose on 10/01/25
- 5:00pm dose of Glipizide 5mg on 10/17/25
- 7:30am administration of Evencare G2 test strips on 10/01/25, 4:00pm on 10/05/25
- 12:00pm dose of Ibuprofen Tab 800mg on 10/10/25 and 10/20/25
- 12:00pm dose of Insulin Lispro 100 unit/ml on 10/04/25, 10/05/25, 10/10/25, and 10/19/25
- 8:00am dose of Metformin 1000mg on 10/03/25

- 5:00pm dose of Montelukast 10mg on 10/17/25
- 8:00am administration of Ozempic 0.25mg on 10/13/25
- 12:00pm dose of Amlodipine 10mg on 10/10/25
- 8:00am dose of Multivitamin Tab on 10/03/25
- 8:00pm dose of Hydroxychlor 200mg on 10/16/25
- 8:00am dose of Omeprazole 40mg on 10/03/25 and 10/28/25
- 8:00am dose of Oxybutynin 5mg on 10/03/25 and 10/28/25
- 8:00am dose of Vitamin C 500mg on 10/06/25, 10/13/25, and 10/28/25
- 8:00pm dose of Trazadone 100mg on 10/24/25
- 12:00pm dose of Gabapentin 400mg on 10/10/25 and 10/29/25, and the 4:00pm dose on 10/29/25
- 2:00pm dose of Diphenhydramine 25mg on 10/07/25, 10/08/25, 10/10/25, 10/20/25, and 10/29/25
- 2:00pm dose of Baclofen 20mg on 10/07/25, 10/08/25, 10/10/25, 10/20/25, and 10/29/25
- 8:00pm dose of Melatonin 10mg on 10/25/25
- 11:30am and 12:00pm dose of all medications on 11/04/25

During the onsite inspection, I reviewed Resident J's October 2025 and November 2025 medication administration records (MARs). I noted the MARs were not initialed for the following:

- 8:00am dose of Venlafaxine Cap 150mg on 10/02/25, 10/03/25, and 10/25/25.
- 8:00am dose of all medications on 10/19/25.
- 5:00pm dose of Lantus Solostar 100unit/1ml on 10/27/25 and 10/29/25
- 5:00pm Glucometer check on 10/17/25, 10/27/25, and 10/29/25
- 8:00am dose of Fluticasone Propionate 0.05mg on 10/13/25
- 8:00am dose of Rexulti Tab 4mg on 10/04/25
- 8:00pm dose of Caplyta Cap 42mg on 10/16/25, 10/18/25, 10/19/25, 10/27/25 and 10/30/25
- Resident J's October 2025 MAR indicated that the 8:00am dose of Fluticasone Propionate 0.05mg was not administered due to the medication not being in the home 10/08/25-10/12/25 and on 10/15/25. Staff did not initial the MAR on 10/13/25 and initialed that the medication was given on 10/14/25 when it was likely not available in the home.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 11/22/23; CAP Dated: 12/04/23

R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(d) Initiate a review process to evaluate a resident's condition if a resident requires the repeated and prolonged use of a medication that is prescribed on an as-needed basis. The review process must include the resident's prescribing licensed health care professional and resident, resident's designated representative, and responsible agency if applicable.</p>

Resident E's October 2025 and November 2025 Medication Administration Records (MARs) show that she was receiving her PRN medications Docusate 100mg, MAPAP 500mg, and Olanzapine 5mg on a daily basis throughout the month. There was no documentation on file to show that a review process was initiated with the licensed health care professional, resident, resident's designated representative, and responsible agency regarding the prolonged use of the PRN medications.

R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(e) Not adjust or modify a resident's prescription medication without instructions from a physician, physician assistant, advanced practice nurse, or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record in writing any instructions regarding a resident's prescription medication.</p>

- During the onsite inspection on 11/05/25, Resident E's Vitamin C 500mg was not in the home. The home manager indicated that there was no script for the medication and it had been discontinued. There was no documentation or order showing that the medication was discontinued on file.
- The label instructions for Resident E's Docusate 100mg state take one capsule by mouth three times daily. The instructions on the MAR stated to take three times daily as needed. There was no documentation or order on file showing that the medication was changed to a PRN medication.
- Resident E's MAR lists wound care instructions for her right knee, right foot, and right calcaneus including instructions to cleanse with saline and change the dressings. The home manager indicated that staff do not provide wound care; however, there was no documentation on file to show that the orders had been changed or discontinued.

- During the onsite inspection on 11/05/25, Resident J's Probiotic 250mg capsule and Vitamin B12 500mg tablet were not in the home and were not passed on 11/05/25. The home manager indicated that there was no script for the medications and they were discontinued. There was no documentation or order on file showing that the medications were discontinued.

R 400.675	Resident medications.
	<p>(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:</p> <p>(g) Contact the appropriately licensed health care professional when a resident refuses a prescribed medication or procedure. A licensee, administrator, or staff shall document and follow the instructions given by the licensed health professional. Documented instructions may include procedures to follow when a resident refuses medication or procedures in the future.</p>

Resident E's October 2025 and November 2025 Medication Administration Records (MARs) show that she was regularly refusing her Acyclovir 400mg Tab, Arthritis pain gel, Nystatin cream, Bacitracin ointment, and Chlorhex mouth wash. There was no documentation to show that the appropriate licensed health care professional was contacted when Resident E refused her medications.

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	<p>(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.</p>

Resident E did not have a health care appraisal on file that was completed within the 90-day period before her admission to the home on 04/17/25. Resident J did not have a health care appraisal on file that was updated annually in 2025 (health care appraisal dated: 08/08/24).

R 400.685	Resident admission; resident assessment plan; resident care agreement; health care appraisal.
	(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

At the time of the onsite inspection, Resident J's 01/10/2025 resident care agreement was not signed by licensee designee, Ramon Beltran.

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.

During the onsite inspection, Resident E did not have a monthly weight recorded from April-July 2025 or October 2025. Resident J did not have a monthly weight recorded from January-February 2025 or May-August 2025.

R 400.715	Facility environment; fire safety, adoption by reference.
	(1) A facility that has a capacity of 4 to 6 residents shall be equipped with an interconnected multi-station smoke detection system that is powered by the facility's electrical service. When activated, the system must initiate an alarm that is audible in all areas of the facility. The smoke detection system must be installed on all levels, including basements, common activity areas, and outside each sleeping area, excluding crawl spaces and unfinished attics, to provide full coverage of the facility. The system must include a battery backup to ensure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of residents living in the facility, if needed. A fire safety system must be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections must be maintained at the facility for 2 years.

During the onsite inspection, there was no documentation on file to show that the fire safety system was inspected annually in 2024 or 2025.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 11/22/23; CAP Dated: 12/04/23

R 400.715	Facility environment; fire safety, adoption by reference.
	<p>(4) Evacuation assessments must be conducted within 30 days after the admission of each new resident and at least annually after the admission of the last new resident. A licensee shall forward a copy of each completed assessment to the responsible agency and retain a copy in the facility for 2 years. A facility that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the 2021 edition of NFPA 101, Life Safety Code, which is adopted by reference in subdivision (b) of this subrule, shall have a period of 6 months after the date of the finding to do either of the following:</p> <ul style="list-style-type: none">(a) Improve the score to at least the "slow" category.(b) Bring the facility into compliance with the physical plant standards for "impractical" facilities contained in chapter 33 of the 2021 edition of NFPA 101, Life Safety Code. NFPA 101, Life Safety Code, 2021 edition is adopted by reference and available to purchase on the National Fire Protection Association website at https:// www.nfpa.org at a cost of \$168.00 for nonmembers of the NFPA and \$151.20 for NFPA members at the time of adoption of these rules. A copy of NFPA 101 is available for inspection and distribution from the Bureau of Community and Health Services, Department of Licensing and Regulatory Affairs, 611 West Ottawa Street, P.O. Box 30664, Lansing, Michigan 48909 at a cost of 15 cents per page as of the time of the adoption by reference of NFPA 101.

An evacuation assessment (E-score) was not completed during the 30-day period after Resident E's admission to the home in April 2025.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, issuance of a provisional license is recommended.



11/12/2025

Kristen Donnay
Licensing Consultant

Date