



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 18, 2026

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

RE: License #: AS390405404
Beacon Home at Schoolcraft North
10713 S. 12th Street
Portage, MI 49087

Dear Nichole VanNiman:

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled populations, will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS390405404

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 Schoolcraft North

Facility Address: 10713 S. 12th Street
Portage, MI 49087

Facility Telephone #: (269) 372-4820

Original Issuance Date: 09/01/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 02/12/2026

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

Date of Health Authority Inspection if applicable: 11/07/2025

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 6

No. of others interviewed [redacted] Role: [redacted]

- 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? 2 N/A
- Variances? Yes (please explain) No N/A
A variance was approved on 06/20/2024 allowing the licensee to use an electronic system to track adult foster care payments; however, this variance was approved prior to the promulgation of the revised AFC rules in November 2025. The revised rules no longer require licensees to use department issued forms to track AFC payments; therefore, the variance is no longer applicable.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.647 Safety and maintenance of premises.

(2) Home furnishings and housekeeping standards must present a comfortable, clean, and orderly appearance.

FINDING: The surfaces of the facility’s couches and chairs were significantly worn, torn, and peeling, with exposed padding and deteriorated material visible on the seat cushions, backs and armrests.

The torn and peeling material creates an unkempt appearance and presents surfaces that are difficult to clean and maintain in a sanitary condition.

R 400.665 Food service.

(8) Kitchen appliances must be properly installed and maintained according to the manufacturer's instructions.

FINDING: The stove’s middle burner control knob was missing. As a result, the appliance is not being maintained in accordance with manufacturing instructions, as all burner controls are required to be present and fully operable to ensure safe and proper use of the stove.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification for the mentally ill and developmentally disabled populations is recommended.



02/18/2026

Cathy Cushman
Licensing Consultant

Date