



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 3, 2026

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

RE: License #: AM280299145
Investigation #: 2026A0230011
Beacon Home at Silverview

Dear Ms. VanNiman:

Attached is the Special Investigation Report for the above-mentioned 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 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 (231) 922-5309.

Sincerely,

A handwritten signature in purple ink that reads "Rhonda Richards". The signature is written in a cursive, flowing style.

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM280299145
Investigation #:	2026A0230011
Complaint Receipt Date:	01/15/2026
Investigation Initiation Date:	01/15/2026
Report Due Date:	03/16/2026
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110, 890 N. 10th St., Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Roxanne Goldammer
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Silverview
Facility Address:	4024 Wyatt Road, Traverse City, MI 49684
Facility Telephone #:	(231) 922-9791
Original Issuance Date:	04/15/2010
License Status:	REGULAR
Effective Date:	10/16/2024
Expiration Date:	10/15/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED, TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Staff member Justin Drabek verbally threatened and grabbed Resident A.	Yes

III. METHODOLOGY

01/15/2026	Special Investigation Intake 2026A0230011
01/15/2026	Special Investigation Initiated - On Site Observation of Resident A and interviews with staff members Chris Calangelo, Cristoval Sanchez, and Rennee Deibert
01/15/2026	APS Referral
02/24/2026	Inspection Completed On-site interview with facility manager Chris Calangelo
02/25/2026	Contact - Telephone call made Interview with Staff member Justin Drabek
02/27/2026	Exit Conference Administrator Roxanne Goldammer

ALLEGATION: Staff member Justin Drabek verbally threatened and grabbed Resident A.

INVESTIGATION: On 01/15/2026, I conducted an unannounced on-site investigation at the facility. I observed Resident A and interviewed facility manager Chris Calangelo and staff members Rennee Deibert and Cristoval Sanchez.

Mr. Calangelo stated that he was made aware of the allegation regarding staff member Justin Drabek possibly verbally abusing and grabbing Resident A. He did not witness this as he was not working at the time. He stated Mr. Drabek is off the schedule until Recipient Rights and LARA complete their investigations.

Ms. Deibert stated she had been in the medication room working on medications when she overheard Mr. Drabek yelling at Resident A something to the effect of, "Get away from me." She also stated Mr. Drabek was using abusive language.

Mr. Sanchez stated he observed that Resident A was agitated as he had been outside grabbing snow. Resident A then came inside and went to Mr. Drabek who

was writing notes on the computer in the living area. As Resident A approached he looked as though he was grabbing Mr. Drabek's face. Mr. Drabek, in response grabbed Resident A's face and collar and shouted at him. After the incident Mr. Sanchez went and checked Resident A and he had no observable wounds.

I observed Resident A but was not able to interview him due to his cognitive limitations.

On 02/24/2026, I conducted another on-site inspection at the facility and spoke with Mr. Calangelo who stated the Beacon company had terminated Mr. Drabek's employment as Recipient Rights had substantiated the complaint against Mr. Drabek.

On 02/25/2026, I spoke with Mr. Drabek by telephone. He stated that Resident A was attempting to grab him and actually grabbed his glasses. Mr. Drabek stated that Resident A had grabbed his glasses in the past and broke them. After Resident A grabbed Mr. Drabek's glasses, he stated that in response he grabbed Resident A back. He stated he cursed at him and then quickly went downstairs to remove himself from the situation.

On 02/27/2026, I conducted an exit conference with administrator Roxanne Goldammer and reviewed the findings of the investigation. She had no additional questions but stated that this type of behavior was unacceptable from a staff member. She confirmed that Mr. Drabek's employment was terminated and she will be providing a plan of correction.

APPLICABLE RULE	
R 400.681	Resident rights; licensee responsibilities.
	(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.
ANALYSIS:	<p>Staff member Ms. Deibert overheard Mr. Drabek yelling and using abusive language toward Resident A.</p> <p>Mr. Sanchez witnessed Mr. Drabek shouting and grabbing at Resident A.</p> <p>Mr. Drabek acknowledged he grabbed and cursed at Resident A.</p> <p>There is substantial evidence that Resident A was not treated with dignity and respect and protected and safe.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction I recommend that this license remain unchanged.

Rhonda Richards

03/03/2026

Rhonda Richards
Licensing Consultant

Date

Approved By:

Jerry Hendrick

03/03/2026

Jerry Hendrick
Area Manager

Date