



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 10, 2026

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

RE: License #: AS370405093  
Investigation #: 2026A0577037  
Beacon Home At Mt Pleasant

Dear Ms. Goldammer:

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 (517) 335-5985.

Sincerely,

*Bridget Vermeesch*

Bridget Vermeesch, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS370405093
<b>Investigation #:</b>	2026A0577037
<b>Complaint Receipt Date:</b>	04/24/2026
<b>Investigation Initiation Date:</b>	04/24/2026
<b>Report Due Date:</b>	06/23/2026
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Roxanne Goldammer
<b>Administrator:</b>	Roxanne Goldammer
<b>Name of Facility:</b>	Beacon Home At Mt Pleasant
<b>Facility Address:</b>	4659 S Leaton Rd Mt Pleasant, MI 48858
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Original Issuance Date:</b>	11/16/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/16/2025
<b>Expiration Date:</b>	05/15/2027
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A and Resident B do not have access to their resident funds.	No
Resident B is not being provided briefs and undergarments at school.	Yes
Resident A and Resident B are not being provided proper hygiene.	Yes
Resident A had an infected toe and medical attention was not sought.	Yes
Additional Findings	Yes

**III. METHODOLOGY**

04/24/2026	Special Investigation Intake, 2026A0577037
04/24/2026	Special Investigation Initiated - Telephone Interview with Complainant.
04/24/2026	APS Referral, Complainant filed APS.
05/01/2026	Contact - Document Sent Email to Complainant requesting documentation.
05/01/2026	Referral - Recipient Rights, CMHCM.
05/07/2026	Contact - Document Sent, Theresa Clark, GIRESD Nurse.
05/07/2026	Contact - Document Received, Documents received from school.
05/11/2026	Contact - Face to Face Interviews with school staff. and observed Resident and Resident B.
05/11/2026	Inspection Completed On-site
05/11/2026	Contact - Document Received Photos of Resident's hand and toenails.
05/13/2026	Contact - Document Received Jacob Eaton, GIRESD Teacher.
05/18/2026	Contact - Document Sent

	Via email to Kendra Pannill, requested April Resident Funds forms.
05/18/2026	Contact - Document Sent Via Email Jacob Eaton, requested copies of IEP's.
05/18/2026	Contact - Document Received Jacob, Eaton, GIRESD Teacher.
05/20/2026	Inspection Completed On-site
05/20/2026	Contact - Document Received Jacob Eaton, GIRESD, via email.
05/21/2026	Inspection Completed-BCAL Sub. Compliance
05/21/2026	Contact - Document Received Copy of Resident Funds Part II for Resident A and Resident B.
06/10/2026	Exit Conference-Roxanne Goldammer, LD.

**ALLEGATION: Resident A and Resident B do not have access to their resident funds.**

**INVESTIGATION:**

On April 24, 2026, a complaint was received alleging that Resident A and Resident B were going on a school field trip and needed \$10.00 each and neither resident was provided with the fee even though each resident had money to pay for the trip.

On April 24, 2026, I interviewed Complainant who reported that Jacob Eaton, Special Education Instructor for the Gratiot-Isabella RESD (GIRESD), had contacted direct care staff (DCS) Kendra Pannill, whose role is home manager, multiple times requesting funds for Resident A and Resident B to attend a field trip. Complainant stated that the permission slips for both residents were returned without the required funds. Complainant further reported that Ms. Pannill indicated the residents did not have any funds available to pay for the field trip.

On May 11, 2026, I interviewed Jacob Eaton, Special Education Instructor for GIRESD who reported that on April 6, 2026, a letter was sent to the facility regarding a field trip to Hopewell Ranch. Mr. Eaton also stated he emailed DCS/home manager Kendra Pannill on April 17, 2026, reminding her that \$10 was needed for Resident A and Resident B to participate. The April 6 letter indicated, "If you are able and willing to donate \$10 to put towards this experience, it allows us more opportunities to continue," and further noted the cost as "Donation Based (suggested donation \$10 per student)."

On May 11, 2026, I interviewed DCS Kendra Pannill who stated that residents have personal funds available for spending. She reported, "I do not feel that I have the right to make the decision of how the residents should be spending their money, and I believe I should get permission from their payee before giving the school money for a field trip." Ms. Pannill explained that she does not obtain payee permission when residents go on outings with direct care staff, such as shopping or dining out. She also expressed uncertainty about how to provide money to the school without the residents physically taking it.

I provided consultation to Ms. Pannill, explaining that once a payee provides funds to the facility on behalf of a resident, those funds may be used for the resident's additional needs, including personal items, shopping, dining out, and school activities. Permission from the payee is not required for these expenditures unless noted in the *Resident Care Agreement*. Ms. Pannill stated she needed a receipt for the \$10, and I clarified that the letter from the school serves as the receipt for the expenditure.

On May 18, 2026, I requested and received a copy of Resident A and Resident B's *Resident Funds Part II* forms from DCS Kendra Pannill. Per the Resident Funds Part II forms for Resident A and Resident B, on April 10, 2026, Resident A had a balance of \$70 and Resident B had a balance of \$85 which was enough to pay for the field trip for each resident.

<b>APPLICABLE RULE</b>	
<b>R 400.637</b>	<b>Handling of resident funds and valuables.</b>
	<b>(8) A resident shall have access to and use of their resident funds in reasonable amounts, including immediate access to not less than \$40.00. A resident shall receive up to the full amount of resident funds at a time designated by the resident, but not more than 5 days after the request for the resident funds. Exceptions must be subject to the provisions of the resident's assessment plan.</b>

<b>ANALYSIS:</b>	<p>The investigation determined that the school’s communication regarding the Hopewell Ranch field trip described the \$10 as a <i>suggested donation</i> rather than a mandatory fee. Documentation provided by the school indicated the cost as “Donation Based (suggested donation \$10 per student).”</p> <p>Based on the information gathered through interviews and documentation, the situation appears to have resulted from a misunderstanding of the nature of the request and the use of resident funds due to the description of the request for funds documenting a suggested donation. Therefore, no violation of the rule has been found.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION: Resident B is not being provided briefs and undergarments at school.**

**INVESTIGATION:**

On April 24, 2026, a complaint was received alleging that Resident A and Resident B run out of adult incontinence briefs or undergarments while at school and the facility did not provide extra or an adequate amount.

On April 24, 2026, I interviewed Complainant, who reported that Jacob Eaton, Special Education Instructor for GIRESD, had contacted the facility multiple times requesting briefs and extra underwear for Resident A and Resident B. Although the school can store several packages, the facility reportedly sends only a few briefs or pairs of underwear at a time when requested.

On May 07, 2026, I contacted Jacob Eaton, Special Education Instructor for the GIRESD, via email and requested copies of Resident B’s *Weekly Student Care Tracker Forms* and *Communication Logs* for January, February, March, and April of 2026 which documented the following requests were sent from Resident B’s school staff to direct care staff at Resident B’s AFC facility:

Resident B’s *Communication Log* requests:

- 4/24/2026- “please send in more briefs next week.”
- 4/22/2026- “please send in more briefs and wipes”;
- 4/22/2026- “more briefs please”;
- 4/20/2026- “more briefs please”;
- 3/20/2026- “please send in more briefs, we are out and need more for next week.”
- 3/03/2026- “please send in briefs.”

- 2/17/2026- “please send in some briefs, we have room to store some if you want to send in a few packages.”
- 2/13/2026- “need more briefs.”
- 2/11/2026- “send in briefs.”
- 2/09/2026- “please send in more briefs, emergency we are out of briefs.”

On May 11, 2026, during the onsite investigation I interviewed DCS Alajah Carter who reported that she knows that the school communicated with DCS Kendra Pannill through email and text messages and was aware of a *Communication Log* sent home daily from school to AFC facility direct care staff. DCS Carter reported she does not read the log because she feels the school asks questions that are none of their business. DCS Carter reported that Resident A uses underwear and Resident B wears adult incontinence briefs. DCS Carter reported she is aware of the school having a goal of toilet training Resident B and having him wear underwear while at school, but at the AFC facility direct care staff have Resident B wear adult incontinence briefs. DCS Carter stated, “we do not have the time to keep checking on [Resident B] to see if he needs to use the bathroom because he cannot tell us when he has to use the bathroom.” DCS Carter reported that Resident B is sent to school with briefs and underwear daily and stated, “I do not know what the school expects, he only has so many pairs of underwear, the facility cannot send in all of his underwear.”

On May 11, 2026, I interviewed DCS Kendra Pannill who reported the residents are already at school, prior to her arrival for work each morning so she cannot verify if residents are wearing clean clothing. Ms. Pannill reported that direct care staff are supposed to put a couple pairs of incontinence briefs and a pair of underwear into Resident B’s backpack prior to Resident B going to school each morning. Ms. Pannill reported that she is not aware of the school needing or requesting extra briefs or underwear for Resident B.

<b>APPLICABLE RULE</b>	
<b>R 400.677</b>	<b>Resident hygiene, clothing.</b>
	<b>(2) A licensee shall ensure the resident receives or has access to all of the following:</b> <b>(c) Assistance with resident hygiene as needed.</b>
<b>ANALYSIS:</b>	A review of Resident B’s <i>Weekly Student Care Tracker Forms</i> and <i>Communication Logs</i> from January through April 2026 consistently documents that Resident B arrived to school without a sufficient supply of adult incontinence briefs or underwear to meet Resident B’s toileting needs. A violation has been established due to the licensee not ensuring school staff received the necessary adult incontinence and brief supplies to assist with Resident B’s hygiene needs while at school.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Resident A and Resident B are not being provided with proper hygiene.**

**INVESTIGATION:**

On April 24, 2026, the complaint alleged that Resident A and Resident B were arriving at school in dirty clothing, fecal matter was observed on their buttocks and in their briefs, and with fingernails and toenails that were not being trimmed regularly.

Complainant reported that Resident A and Resident B frequently arrive at school with long, untrimmed fingernails and toenails, and that notifications to direct care staff have not resulted in consistent grooming. Complainant also stated that both residents often come to school wearing dirty clothing or the same clothing multiple days in a row and with fecal matter in their briefs and on their buttocks.

On May 07, 2026, I contacted Jacob Eaton, Special Education Instructor for the GIRESD, via email and requested copies of Resident A and Resident B's *Weekly Student Care Tracker Forms* and *Communication Logs* for January, February, March, and April of 2026 which documented the following:

- Resident A *Weekly Student Care Tracker* and *Communication Log*:
  - Week of 4/27/2026-05/1/2026:
    - 5/1/26- dried feces on bottom.
    - 04/27/26- dirty Brief on 4/27/26
  - Week of 4/20/2026-4/24/2026:
    - 4/24/26- dried fecal matter on bottom.
    - 4/22/26- dried fecal matter on bottom.
    - 4/20/26- dirty briefs and dried fecal matter on bottom.
      - Communication Log documented, please trim his fingernails.
  - Week of 4/09/2026:
    - Communication Log documented, please cut hit his nails. Comment by direct care staff-staff trimmed his nails on 4/7/26, they cannot be trimmed any shorter.
  - Week of 3/9/2026-3/13/2026:
    - 3/9/26- Nails not clipped.
    - 3/13/26- dried fecal matter on Resident A and on underwear.
  - Week of 03/2/2026:
    - Communication Log documented, please cut nails.
  - Week of 2/23/2026-2/27/26
    - 2/23/26- 2/27/26- infected toe, nails not clipped, Resident A needs doctor appointment.
    - Communication Log documented, 2/26/2026, please cut his finger and toenails.
  - Week of 2/2/2026-2/6/2026
    - 2/2/26- Resident A has long nails. Requested home to cut them.
    - 2/3/26- Long nails

- 2/4/26-Nails cut.
      - Communication Log documented 2/02/2026 please cut finger and toenails, they are very long and on 2/03/2026, please check finger and toenails.
- Week of 1/26/2026-1/30/2026
  - 1/26/26- Right big toenail needs to be cut.
  - 1/27/26- All nails need to be cut.
  - 1/28/26- finger and toenails need to be cut.
  - 1/29/26- finger and toenails need to be cut.
  - 01/30/26- finger and toenails need to be cut, wearing same socks as yesterday.
- Week of 1/19/2026-1/23/2026
  - 1/20/2026- please trim finger and toenails.
- Week of 1/05/2026-1/09/2026
  - 1/9/2026- trim toenails.

Resident B: *Weekly Student Care Tracker and Communication Log:*

- Week of 4/27/2026-05/1/2026
  - 4/30/26- Sent in underwear on bus which were dirty upon arrival.
  - 4/27/26- Dirty brief.
- Week of 4/20/2026-4/24/2026
  - 4/25/26- Safe orange shirt worn on Wednesday
  - 4/26/26- Safe orange shirt worn on Thursday
  - 4/27/26- Safe orange shirt worn on Friday
- Week of 4/09/2026 & 4/10/2026
  - *Communication Log* documented- please make sure to cut his nails.
- Week of 3/02/2026-3/06/2026
  - 3/5/26- Dirty brief
  - 3/3/26- Dirty brief
- Week of 2/09/26-2/13/26
  - 2/13/26- Dirty brief
  - 2/12/26- Dirty brief
- Week of 2/2/26-2/6/26
  - 2/5/26- Dirty brief
  - 2/4/26- Dirty brief
    - *Communication Log* documented on 2/02/2026 Please cut finger and toenails; 2/03/2026, Please check his finger and toenails.
- Week of 1/26/26-1/30/26
  - 1/30/26- Wearing same clothes as on 01/29/26
  - 1/28/26- Dirty brief, nails need to be cut.
  - 1/27/26- Dirty brief with dried fecal matter on it and on his person. Finger and toenails need to be cut.
    - *Communication Log* documented on 1/28/2026, “can we please get a whole package of briefs, we are running very

low.” 1/29/2026, bothered by his nails. 1/30/2026 Briefs sent in.

- Week of 1/19/26-1/23/26
  - 1/20/26 please trim nails.
- Week of 1/5/26-1/9/26
  - 1/5/2026- dried fecal matter on bottom;
  - 1/09/202- trim toenails

On May 11, 2026, I interviewed Jacob Eaton, Special Education Instructor for GIRESD, and Theresa Clark, Registered Nurse (RN) with GIRESD. They both reported that Resident A has had a toe fungus since the beginning of the school year. This was initially treated in fall 2025. In February 2026, they observed Resident A’s toes were swollen, warm, and red indicating infection. Mr. Eaton stated that during the week of February 23, 2026, he contacted DCS Kendra Pannill regarding concerns of a possible infected toe but received no response. He continued submitting concerns through *Student Care Tracker Forms* and *Communication Logs* regarding the condition and length of Resident A’s toenails. Both Mr. Eaton and Ms. Clark reported that Resident A and Resident B consistently require fingernail and toenail trimming, and that requests for grooming are made frequently with minimal follow-through from direct care staff.

Mr. Eaton reported that on April 8, 2026, he brought Resident A to RN Clark due to worsening concerns about Resident A’s toe. Mr. Eaton stated a photo was taken and sent to Ms. Pannill.

On April 16, 2026, Mr. Eaton sent a text message to Ms. Pannill requesting follow-up, and on April 17, 2026, Ms. Pannill responded that she would schedule an appointment. Mr. Eaton and Ms. Clark reported that on April 20 and April 21, 2026, they again contacted Ms. Pannill requesting the appointment date but received no response. On April 21, 2026, Ms. Clark contacted Administrator Roxanne Goldammer and left a message. She stated she later received a call from Jacob Barr, Operations Director, who stated he would address the matter. As of the May 11th interview, neither Mr. Eaton nor Ms. Clark received confirmation of a medical appointment for Resident A. Mr. Eaton also reported that Resident A and Resident B frequently arrive at school in dirty clothing and with fecal matter in their undergarments, as documented in their *Student Care Tracker Forms* and *Communication Logs*.

Mr. Eaton stated that on March 24, 2026, during Resident B’s *Individual Education Plan* (IEP) meeting, attended by DCS Pannill, and a goal was established for Resident B to use his AAC device to request bathroom use. The school began modeling this communication in March 2026. Per Mr. Eaton, Resident B has since made significant progress and now often independently uses his device to request to use the bathroom, especially when experiencing discomfort. Mr. Eaton reported that both residents’ AAC devices are sent to the facility daily.

On May 11, 2026, I interviewed the following paraprofessionals with the GIRESD who reported the following:

- Willow Fuentes reported that about once a month Resident A and Resident B arrive at school with dirty shirts on and/or wearing the same clothes two days in a row. Ms. Fuentes reported Resident A often arrives to school with fecal matter on his buttocks and on his underwear. Ms. Fuentes reported that this happens about three days a week, usually towards the end of the week. Ms. Fuentes reported that Resident A needs his fingernails and toenails clipped weekly and Resident B about every two weeks, but this does not happen despite multiple requests being sent to facility direct care staff to clip both Resident A and Resident B's nails.
- Jessica Bendele reported that twice in May 2026, Resident A arrived at school with fecal matter in his boxer briefs and this happens to Resident B about three times a month. Ms. Bendele reported that Resident A and Resident B come to school wearing dirty clothes or the same outfit multiple days in a row which happens about three to four days each month. Ms. Bendele reported that Resident A and Resident B are often in need of their fingernails and toenails needing to be trimmed.
- David Haske reported that Resident A and Resident B's shirts are more often dirty than clean, stating, "about one time a week they come to school with dirty clothes." Mr. Haske reported that Resident A and Resident B will arrive to school about one day a month with fecal matter on their underwear or briefs. Mr. Haske reported that Resident A and Resident B often have long fingernails that need to be trimmed.

On May 11, 2026, during the onsite investigation, received and reviewed a copy of Resident A and Resident B's *Assessment Plan for AFC Residents and Person Centered Plan (PCP)* which documented the following information:

Resident A's *Assessment Plan for AFC Residents* completed on January 02, 2025, documented Resident A required assistance with the following personal care tasks:

- *Toileting*-may need assistance if having diarrhea;
- Bathing, coaching/verbal prompts/demonstration for body, physical assistance with hair;
- Grooming (hair care, teeth, nails, etc..), needs physical assistance with nail clipping, verbal prompting for other tasks;
- Dressing- requires supervision and prompting, always carries/wears his blanket;
- Personal Hygiene, physical assistance is needed to clean ears with Q-Tip."

Resident A's PCP Addendum was completed on February 06, 2025, and documented that "[Resident A] will utilize Personal Care Services provided by the facility to address and ensure that his toileting, eating, bathing, personal hygiene, dressing, grooming and medications needs are being met. The AFC Staff will assist [Resident A] in clipping and filing his nails as needed."

Resident B's *Assessment Plan for AFC Residents* was completed on March 14, 2025, documented that Resident B required assistance with the following personal care tasks:

- “Toileting- “[Resident A] requires verbal prompting at all times for toileting and remembering to wash his hands;
- Bathing- verbal prompting;
- Grooming- (hair care, teeth, nails, ect.), yes with description of need;
- Dressing- “[Resident B] can and will dress himself; he at times may need assistance with putting clothes on correctly and weather appropriate;”
- Personal Hygiene, verbal prompting needed.

Resident B’s PCP was completed on January 26, 2026, and documented that Resident B wears briefs to help with toileting and noted, “[Resident B] can have several accidents throughout the day, and staff will need to prompt him to change his brief.” Resident B’s PCP documented a toileting protocol which was described as Resident B should be prompted every two hours to use the bathroom.

On May 11, 2026, I interviewed DCS Alajah Carter who reported direct care staff do not document when residents’ nails are clipped and that nails are trimmed on an as-needed basis. DCS Carter stated she knows that the school requested Resident A and Resident B’s nails to be trimmed all of the time, but stated, “we cannot cut them all of the time [Resident A] has a layer of skin that his nails need to be kept longer.”

DCS Carter reported that laundry is completed daily and that when Resident A and Resident B return from school, they change into clean clothing and their worn clothing is washed. She denied that either resident is sent to school in dirty clothing. She stated that both residents may wear the same clothing on consecutive days because they choose to put on the same items but those items are clean.

DCS Carter reported that both residents require staff assistance with wiping after bowel movements. DCS Carter stated that “[Resident A] has a very hairy perineal area, and stool may occasionally dry in the hair, but staff clean him to the best of their ability.” She denied that either resident is sent to school with fecal matter on their buttocks or undergarments. DCS Carter reported that at the facility they use briefs on Resident B and they do not use underwear due to not having time to prompt Resident B to use the bathroom. DCS Carter reported staff do not use the residents’ AAC devices because they were never trained by the school and stated, “we have our own way of communicating without the devices.”

During the onsite investigation, I interview with DCS Ariel Molina who reported that Resident A and Resident B require hands-on assistance after bowel movements. She stated that residents wake around 6:45 AM and the bus arrives at 7:15 AM and that morning routines include showering, brushing teeth, using the bathroom, and eating breakfast, and she described mornings as “very hectic.” DCS Molina denied ever observing the residents being sent to school in dirty clothing since beginning employment in April 2026. She reported that nails are clipped as needed but has not personally checked Resident A’s toenails since starting work.

On May 11, 2026, I reviewed Resident A's *Community Mental Health for Central Michigan Frequency Recording* document. The documentation states that Resident A's morning routine includes dressing in clean clothing daily, with staff prompting and assistance as needed. Records show that on May 2, 4, 5, 7, 8, and 10, DCS Tabitha Bush documented that Resident A was wearing clean clothing without other staff completing the remaining entries.

On May 11, 2026, DCS Kendra Pannill denied the allegation that Resident A and Resident B arrive to school in dirty clothes or that Resident A and Resident B wear the same clothing multiple days in a row. DCS Pannill reported Resident A and Resident B's clothes are laundered daily and if the clothes are put away on top of the other clothes in their dresser, then Resident A and Resident B might be grabbing the same outfits daily to wear to school. DCS Pannill reported Resident A and Resident B would not know they are wearing the same outfits daily.

Regarding Resident A and Resident B needing their nails trimmed, DCS Pannill reported there is no scheduled time for Resident A and Resident B's nails to be trimmed rather their nails are trimmed as needed. DCS Pannill confirmed she received the requests on the *Communication Log* and *Weekly Student Care Tracker School Tracking* asking direct care staff to trim their nails. DCS Pannill stated she put it on the resident board for staff to complete. DCS Pannill reported that Resident A has a long nail bed, so his nails cannot be trimmed too short or it cuts into the nailbed.

DCS Pannill reported that Resident A has a hairy perineal area which they use Nair to keep the hair short in an attempt to keep the fecal matter from clumping and not being able to be removed from Resident A's buttocks when wiping. DCS Pannill reported that Resident A and Resident B do not need any hands-on assistance with bathing, just verbal prompting. DCS Pannill reported that Resident A and Resident B need assistance with wiping after a bowel movement (BM) and at times there could be some residual BM that could leave mark on their underwear or briefs.

A follow-up from Mr. Eaton on May 13, 2026, Mr. Eaton reported that he emailed DCS Pannill requesting that at least two pairs of underwear, additional lining pads, and extra briefs be placed in Resident B's backpack. Mr. Eaton stated Ms. Pannill responded that the underwear "are not working out," so those would not be sent to school any longer for Resident A, and that Resident B has limited pairs due to financial constraints. Mr. Eaton stated DCS Pannill stated direct care staff followed Resident B's IEP plan by introducing underwear only on weekends and noted that Resident B had been sent home in underwear instead of a brief.

Mr. Eaton reported that he contacted Guardian B1, who stated not being informed that Resident B needed additional underwear during a recent visit. Guardian B1 reported they would purchase more underwear for Resident B.

Special Investigation Report (SIR) 2025A1029058, dated October 15, 2025, cited rule 400.14303 (2) after it was determined a resident was not supervised according to his

*Assessment Plan for AFC Residents and Person Centered Plan* which mandated 1:1 staffing supervision at all times. This resident was injured while being outside with no supervision. The *Correction Action Plan* documented that the employee involved was terminated, with a written disciplinary note in personnel file, and all DCS were trained on one-to-one staffing duties and policy.

SIR 2024A1029008, dated December 15, 2023, cited rule 400.14303 (2) after it was determined a resident was not supervised according to his *Assessment Plan for AFC Residents and Person Centered Plan* which mandated 1:1 staffing supervision at all times. This resident eloped from the facility, walked .6 miles and was found covered in mud, with no shoes in the middle of the afternoon. The *Correction Action Plan* documented that DCS will be trained on one-to-one staffing duties and policy, direct care staff mentioned in report will receive a written disciplinary action in their personnel file, and Beacon Operations will make unannounced site visits to monitor safety and wellbeing of residents.

\* Please note on November 3, 2025, new AFC rules were promulgated and Rule 400.671 (4) is equivalent to Rule 400.14303 (2) cited in SIR#2025A1029058.

<b>APPLICABLE RULE</b>	
<b>R 400.677</b>	<b>Resident hygiene, clothing.</b>
	<b>(1) A licensee shall offer a resident appropriate opportunity, access to, and instructions for the following daily: (d) Grooming.</b>
<b>ANALYSIS:</b>	Documentation from January through May 2026 shows repeated concerns regarding inadequate fingernail and toenail care, including with multiple requests in communication logs for staff to trim Resident A and Resident B’s fingernails and toenails Per the communication log, it documents ongoing notes that nails were long, untrimmed, or required attention across several weeks.  Through review of Resident A and Resident B’s <i>Assessment Plan for AFC Residents</i> , interviews with direct care staff, and entries demonstrate persistent lapses in routine grooming specifically nail care, despite repeated external prompts and documented health concerns, therefore a violation was established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.671</b>	<b>Resident care.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	<p>Per Resident A and Resident B's <i>Assessment Plan for AFC Residents</i> both require supervision and verbal prompting to complete dressing tasks which includes reminders to select and wear clothing that is weather appropriate. Resident A and Resident B may require assistance with toileting such as episodes of diarrhea and reminders to wash their hands.</p> <p>Interviews with direct care staff determined that Resident A and Resident B both require hands on assistance with wiping after having a bowel movement.</p> <p>School records and interviews repeatedly documented that Resident A and Resident B arrived in dirty clothes or the same clothes multiple days in a row or with fecal matter on their buttocks on in their adult incontinence briefs due to inadequate wiping.</p> <p>Consequently, Resident A and Resident B's personal care needs were not attended to as specified in their assessment plans pertaining to toileting and dressing.</p>
<b>CONCLUSION:</b>	<b>REPEAT VIOLATION ESTABLISHED [SEE SIR#2025A1029058 DATED 10/15/25 AND CAP DATED 10/31/25 and SIR # 2024A1029008 DATED 10/24/2023. CAP COMPLETED.]</b>

**ALLEGATION: Resident A had an infected toe and medical attention was not sought.**

**INVESTIGATION:**

On April 24, 2026, a complaint was received alleging that Resident A's left big toe was infected and that direct care staff had been notified of this concern but had not sought medical attention.

Complainant reported that Jacob Eaton, Special Education Instructor with Gratiot-Isabella RESD, and Theressa Clark, RN with Gratiot-Isabella RESD, had repeatedly contacted DCS Kendra Pannill regarding Resident A's medical needs with minimal response. Complainant stated that Resident A's toe appeared infected and required medical evaluation.

I reviewed Resident A's *Weekly Student Care Tracker* for the week of February 23, 2026, which documented school staff's written concern that Resident A's toe appeared infected and medical evaluation was needed.

On May 11, 2026, I interviewed Mr. Eaton and Ms. Clark. They both reported making multiple attempts to contact DCS Pannill and provided photographs of Resident A's toe. Their documented contacts included:

- April 8, 2026: Photo sent to DCS Pannill showing a long, jagged toenail and signs of infection; no response received.
- April 16, 2026: Mr. Eaton contacted DCS Pannill again; DCS responded, "I'll call the doctor—thanks." A second photo showed the toe black/blue, swollen, with a blood blister and blood under the nail. No further response from DCS Pannill.
- April 16, 2026: RN Clark contacted DCS Pannill requesting the appointment date and doctor's name; no response.
- April 17, 2026: Photo taken showing black and white discharge, redness, blood blister, and apparent toenail decay.
- April 20, 2026: RN Clark again requested appointment information; no response.
- April 21, 2026: RN Clark again requested appointment information; no response.
- April 21, 2026: RN Clark contacted Administrator Jacob Barr and Administrator Roxanne Goldglammer, who stated the issue would be addressed.
- April 28, 2026: Mr. Eaton received a message from DCS Pannill stating only, "Thank you."

Mr. Eaton and Ms. Clark reported that Resident A was scheduled for a medical appointment at the Nimkee Clinic on May 4, 2026, but Resident A was not taken. They were unaware of any rescheduled appointment.

During the onsite investigation on May 11, 2026, DCS Carter stated she does not read Resident A's *Communication Log* from his school. DCS Carter stated there was "nothing wrong" with Resident A's toe and attributed the redness and black spot to Resident A keeping his socks on all day. DCS Carter confirmed that staff were not informed of Resident A's May 4<sup>th</sup> medical appointment to evaluate his toe, so Resident A went to school instead and missed the medical appointment for his toenail. DCS Carter also reported that Resident A was treated during Fall 2025 for a toe fungus, which may explain the appearance of the toenail. DCS Carter stated, "I am unaware of any rescheduled appointment."

Upon review of Resident A's PCP, it documented that, "AFC Staff assist with addressing and meeting his medical needs to include scheduling and taking him to medical appointments."

On May 11, 2026, DCS Kendra Pannill reported that Resident A had been scheduled for the May 4 appointment but stated she believed the toe appeared healed and determined the appointment was unnecessary. She confirmed the appointment had not been rescheduled at the time of this interview.

On May 29, 2026, via email from Melissa Leach, ORR-CMH I received a copy of a *Beacon Specialized Living Provider Contact Sheet* documenting Resident A was seen on May 20, 2026 by Dr. Foriebel at Nimkee Memorial Wellness Center regarding Resident A's left big toe. The *Beacon Specialized Living Provider Contact Sheet* documented the outcome of this appointment as Resident A being diagnosed with "small fungal nail removal, band aid on presently due to snipping toenail and cutting skin a bit, change if bloody, new fungal med to pharmacy."

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(11) A licensee shall contact a resident's health care professional for instructions as to the care of the resident if the resident requires the care of a health care professional. The licensee shall record in the resident's record any instructions for the care of the resident.</b>

<b>ANALYSIS:</b>	<p>Between April 8 and April 21, 2026, school staff—including Special Education Instructor Jacob Eaton and RN Theresa Clark—repeatedly notified direct care staff member Kendra Pannill of significant concerns regarding Resident A’s left big toe, which appeared infected, swollen, discolored, and draining. Multiple photographs were provided, and repeated requests were made for confirmation of a medical appointment. Per my review of pertinent documents and interviews, DCS Pannill did not respond to these inquiries and did not obtain medical guidance.</p> <p>Resident A was scheduled for a medical appointment on May 4, 2026; however, he was not taken to the appointment, and no rescheduled appointment was arranged. No documentation was provided showing that a health care professional was contacted or that any medical instructions were recorded in Resident A’s record after this appointment was missed and not rescheduled.</p> <p>Despite multiple communications concerning the condition of Resident A’s toe, Resident A was not evaluated by a medical profession until May 20, 2026, approximately six weeks after this concern was first communicated to DCS Pannill specifically and other direct care staff through the written school <i>Communication Log</i>. At the time of the appointment, Resident A was diagnosed a fungal infection requiring toenail removal. Consequently, medical personnel were not contacted timely nor was Resident A provided with the required medical attention at the time the concern was voiced.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

On May 11, 2026, during the onsite investigation I received and reviewed a copy of Resident A and Resident B’s *Assessment Plan for AFC Residents and Resident Care Agreement (RCA)*.

Upon reviewing all the documents, I noted the following documents were not reviewed or updated annually as required:

- Resident A’s *Assessment Plans for AFC Resident* was completed on January 02, 2025, and was signed by Administrator Ramon Beltran. There was no evidence, such as her signature or a letter, that licensee designee Roxanne Goldammer had completed or reviewed this document as required.

- Resident B's *Assessment Plan for AFC Residents* was completed on March 13, 2025, and was signed by Administrator Ramon Beltran. There was no evidence, such as her signature or a letter, that licensee designee Roxanne Goldammer had completed or reviewed this document as required.
- Resident A's *Resident Care Agreement's* was completed on January 02, 2025, by administrator Ramon Beltran but not signed by licensee designee Roxanne Goldammer. There was no documentation that all applicable parties were notified for review of RCA for 2026.
- Resident B's *Resident Care Agreement* was completed on January 01, 2025, by Administrator Ramon Beltran and not signed by licensee designee Roxanne Goldammer. There was no documentation that all applicable parties were notified for review of RCA for 2026.
- Resident A's Health Care Appraisal was completed on January 09, 2025. No updated Health Care Appraisal was available for review.
- Resident B's Health Care Appraisal was completed on March 19, 2025. No updated Health Care Appraisal was available for review.

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.</b>
<b>ANALYSIS:</b>	Based upon my review of the <i>Assessment Plans for AFC Residents</i> for Residents A and Resident B, the assessment plans were not signed by licensee designee Roxanne Goldammer as required.  Also, the most current <i>Assessment Plan for AFC Residents</i> for Resident E was completed on March 21, 2025, and has not been completed and signed annually. Therefore, a violation has been established.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	Based upon my review of the <i>Resident Care Agreements</i> , for Residents A and Resident B, it has been found that the <i>Resident Care Agreements</i> have not been reviewed annually by the resident, resident's designated representative, or responsible agency. There was no documentation that all applicable parties were notified for review of Resident A and Resident B for 2026.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	The most current <i>Health Care Appraisal</i> for Resident A was completed on January 09, 2025, and Resident B's completed on March 19, 2025. The <i>Health Care Appraisal</i> for Resident A and Resident B have not been completed and signed annually as required.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend that the status of the license remains unchanged.

*Bridget Vermeesch*

06/09/2026

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Bridget Vermeesch  
Licensing Consultant

Date

Approved By:

*Dawn Timm*

06/09/2026

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Dawn N. Timm  
Area Manager

Date