GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 10, 2026

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

RE: License #: AM800299049
Investigation #: 2026A1030041
Beacon Home at Woodland

Dear Ms. VanNiman:

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 (616) 356-0100.

Sincerely,

Nile Khabeiry, LMSW

Nile Khabeiry, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM800299049
Investigation #:	2026A1030041
Complaint Receipt Date:	07/02/2026
Investigation Initiation Date:	07/06/2026
Report Due Date:	08/31/2026
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Nichole VanNiman
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Woodland
Facility Address:	56832 48th Avenue Lawrence, MI 49064
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	09/12/2016
License Status:	REGULAR
Effective Date:	03/12/2025
Expiration Date:	03/11/2027
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff administered the incorrect medication to Resident A.	Yes
Additional Findings	No

III. METHODOLOGY

07/02/2026	Special Investigation Intake 2026A1030041
07/06/2026	APS Referral
07/06/2026	Special Investigation Initiated - Telephone Interview with referral source
07/06/2026	Contact - Telephone call made Interview with Danyell Baltazar
07/08/2026	Contact - Face to Face Interview with Resident A
07/08/2026	Contact - Face to Face Interview with Paula Cummins
07/10/2026	Exit Conference Exit conference by phone

ALLEGATION:

Staff administered the incorrect medication to Resident A.

INVESTIGATION:

On 7/6/26, I interviewed the referral source (RS) by phone. The RS reported that the facility nurse reviewed the medication administration record (MAR) for Resident A and found the error and subsequently completed an incident report. The RS indicated she believed the error was an oversight and not intentional as Resident A's medication was increased from .5mg to 1.0mg and the staff members administered the lower dosage eight times.

On 7/6/26, I interviewed facility supervisor Danyell Balatzar by phone. Ms. Baltazar acknowledged the error and indicated it had been corrected as soon as it was discovered. Ms. Baltazar reported that Resident A did not suffer any health problems due to the error. Ms. Baltazar reported that direct care staff member Paula Cummins received the new medication and did not replace the old medication with the new medication. Ms. Baltazar reported that two other staff members did not compare the medication in the bubble pack with the actual prescription and administered the incorrect dosage to Resident A.

On 7/8/26, I interviewed Resident A at the facility. Resident A was informed of the medication errors that occurred and that the staff administered .5mg of Lorazepam instead of 1.0mg Lorazepam eight times before the error was discovered. Resident A indicated she was unaware of the error but did not have any negative mental health issues as a result of the mistake and understood it was unintentional.

On 7/8/26, I interviewed Paula Cummins at the facility. Ms. Cummins acknowledged that she should have replaced Resident A's new medication when she received the new prescription but forgot as things have been very busy with resident behaviors. Ms. Cummins reported that the other staff members should have caught the discrepancy but did not. Ms. Cummins indicated that she accepts responsibility for the error.

APPLICABLE RULE	
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.
ANALYSIS:	It was alleged that the staff administered the incorrect medication to Resident A. Based on interviews this violation will be established. After a review of the medication administration record by the facility's nurse, it was discovered that Resident A was administered .5mg of Lorazepam eight times after the prescription was increased to 1.0mg. The mistake was corrected as soon as it was discovered, and the facility staff took responsibility for the oversight.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 7/10/26, I shared the findings of the investigation with licensee, Nichole VanNiman by phone. Ms. VanNiman acknowledged the findings and agreed to submit a corrective action plan.

IV. RECOMMENDATION

Contingent upon the submission of an acceptable corrective action plan, I recommend no changes to the current license status.

Nile Khabeiry, LMSW

7/10/26

Nile Khabeiry Date
Licensing Consultant

Approved By:

Russell Misiak

7/13/26

Russell B. Misiak Date
Area Manager