

GRETCHEN WHITMER
GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

July 7, 2021

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

RE: License #: AS800242668

Beacon Home at Highland 56838 48th Avenue Lawrence, MI 49064

Dear Ms. VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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) 284-9730.

Sincerely,

Ondrea Johnson, Licensing Consultant Bureau of Community and Health Systems

427 East Alcott

Kalamazoo, MI 49001

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

#### I. IDENTIFYING INFORMATION

**License #:** AS800242668

**Licensee Name:** Beacon Specialized Living Services, Inc.

Licensee Address: Suite 110

890 N. 10th St.

Kalamazoo, MI 49009

**Licensee Telephone #:** (269) 427-8400

Licensee/Licensee Designee: Nichole VanNiman

Administrator: N/A

Name of Facility: Beacon Home at Highland

**Facility Address:** 56838 48th Avenue

Lawrence, MI 49064

**Facility Telephone #:** (269) 427-8400

Original Issuance Date: 01/22/2002

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

**AGED** 

**ALZHEIMERS** 

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s): 6/29/2021
Date	e of Bureau of Fire Services Inspection if applicable: N/A
Date	e of Health Authority Inspection if applicable: 3/30/2021
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No.	of staff interviewed and/or observed 4 of residents interviewed and/or observed 4 of others interviewed 0 Role: 0
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ 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 $\boxtimes$ No $\square$ If no, explain. Meal preparation / service observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	Fire drills reviewed? Yes ⊠ No □ If no, explain.
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq N/
•	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

The facility is in noncompliance with the following applicable rules and statutes:

#### R 400.14511 Flame-producing equipment; enclosures

(4) Combustible materials shall not be stored in rooms that contain heating equipment, a water heater, an incinerator, or other flame-producing equipment.

FINDINGS: Combustible items stored in the same room as furnace

#### R 400.14403 Maintenance of premises

(1)A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

FINDINGS: Kitchen cabinets need replacement/repair. Outdoor fence need of repair.

### R 400.14403 Maintenance of premises

(4)A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair

FINDINGS: Exterior siding is missing and need repair and exterior window border missing and need repair.

#### R 400.14205

Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4)A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease if present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

FINDINGS: Staff had last TB test done in 2016. Her TB should have been renewed in 2019.

A corrective action plan was requested and approved on 07/01/2021. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

## IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Ondrea Johnson

Licensing Consultant

Caendar person

7/7/2021

Date