

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

September 23, 2021

Ramon Beltran, II Kobza Adult Foster Care Inc 890 N. 10th Street Suite 110 Kalamazoo, MI 49009

RE: License #: AS390083143

**Beacon Home at Kobza** 

135 Ridgewood

Kalamazoo, MI 49001

Dear Mr. Beltran, II:

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

ndrea Johnson

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 #:** AS390083143

**Licensee Name:** Kobza Adult Foster Care Inc

**Licensee Address:** 135 Ridgewood

Kalamazoo, MI 49003

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

Licensee Designee: Ramon Beltran, II

Administrator: Aubry Napier

Name of Facility: Beacon Home at Kobza

Facility Address: 135 Ridgewood

Kalamazoo, MI 49001

**Facility Telephone #:** (269) 214-4341

Original Issuance Date: 01/15/1999

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

## **II. METHODS OF INSPECTION**

Date of On-site Inspection(s	s): 9/17/2021	
Date of Bureau of Fire Serv	ices Inspection if applicable:N	N/A
Date of Health Authority Ins	pection if applicable: N/A	
Inspection Type:	☐ Interview and Observatio☐ Combination	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and, No. of residents interviewed No. of others interviewed		2 3
Medication pass / simu	lated pass observed? Yes ∑	☑ No ☐ If no, explain.
Medication(s) and med	ication record(s) reviewed? `	Yes ⊠ No □ If no, explain.
<ul> <li>Resident funds and associated documents reviewed for at least one resident?         Yes ⋈ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ⋈ No ☐ If no, explain.</li> </ul>		
Fire drills reviewed? You	es ⊠ No □ If no, explain.	
Fire safety equipment a	and practices observed? Yes	No ☐ If no, explain.
If no, explain.	pecial Certification Only) Yes ecked? Yes ⊠ No □ If no	
Incident report follow-up	p? Yes ⊠ No □ If no, expl	ain.
N/A 🖂	compliance verified? Yes	CAP date/s and rule/s:
<ul> <li>Number of excluded en</li> <li>Variances? Yes   (ple</li> </ul>	nployees followed-up? ease explain) No 🗌 N/A 🔀	<u> </u>

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

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

FINDINGS: Downstairs bathroom unclean (worn toilet seat, rust/mildew stains on wall near tub, missing caulk around sink), floor outside of bathroom dirty and dirty clothes on floor, Grips on steps need repair

A corrective action plan was requested and approved on 09/22/2021. 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** 

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09/23/2021

Date