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GOVERNOR

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

ORLENE HAWKS DIRECTOR

January 11, 2022

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

RE: License #: AS390405404

Beacon Home at Schoolcraft North 10713 S. 12th Street Portage, MI 49087

Dear Ms. Nichole VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

michele Struter

Michele Streeter, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (269) 251-9037

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

#### I. IDENTIFYING INFORMATION

**License #:** AS390405404

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

Licensee Address: Suite 110

890 N. 10th St.

Kalamazoo, MI 49009

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

Licensee Designee: Nichole VanNiman

Administrator: Kimberly Howard

Name of Facility: Beacon Home at Schoolcraft North

Facility Address: 10713 S. 12th Street

Portage, MI 49087

**Facility Telephone #:** (269) 372-4820

Original Issuance Date: 09/01/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

### II. METHODS OF INSPECTION

Date	e of On-site Inspection(s): 01/05/2022, 01/10/2022		
Date	e of Bureau of Fire Services Inspection if applicable: N/A		
Date	e of Health Authority Inspection if applicable: 03/25/2021		
Insp	pection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety		
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 0 of others interviewed Role:		
•	Medication pass / simulated pass observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Medication(s) and medication record(s) reviewed? Yes $\boxtimes$ No $\square$ If no, explain		
•	Yes ☑ No ☐ If no, explain.  • Meal preparation / service observed? Yes ☐ No ☐ If no, explain.  No meal prepared at the time of inspection.		
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	E-scores reviewed? (Special Certification Only) Yes \( \subseteq \text{No} \subseteq \text{N/A} \subseteq \text{If no, explain.} \) Water temperatures checked? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \) Virtual Inspection Incident report follow-up? Yes \( \subseteq \text{No} \subseteq \text{If no, explain.} \)		
•	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

This facility was found to be in non-compliance with the following rules:

MCL 400.734b

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006, but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h) or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.

FINDING: The licensee excepted a Workforce Background Check eligibility letter for employee Carlee Kitchen, which confirmed Ms. Kitchen was eligible to work in a different licensed facility. Subsequently, Ms. Kitchen's background check/fingerprinting was conducted prior to the issuance of the facility's temporary license on 09/01/2021.

The licensee excepted Workforce Background Check eligibility letters for employees Kim Cutler and Taresha Perry, which confirmed Ms. Cutler and Ms. Perry were eligible to work under a license that no longer exists. Subsequently, Ms. Cutler and Ms. Perry's background check/fingerprinting were conducted prior to the issuance of the facility's temporary license on 09/01/2021.

#### R 400.14207 Required personnel policies.

(2) The written policies and procedures identified in subrule (1) of this rule shall be given to employees and volunteers at the time of appointment. A verification of receipt of the policies and procedures shall be maintained in the personnel records.

FINDING: The facility was previously licensed to another corporation. Beacon Specialized Living Inc. obtained controlling interest of this corporation, and subsequently the previous license, until a temporary license was issued to Beacon Specialized Living, Inc. on 09/01/2021. During a review of employees Kim Culter and Taresha Perry's employee files on 01/05/2022, it was established the only verification of receipt of policies and procedures on record were for those of the previous corporation and not of policies and procedures specific to Beacon Specialized Living Inc.

#### R 400.14312 Resident medications.

- (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:
- (b) Complete an individual medication log that contains all of the following information:
- (i) The medication.
- (ii) The dosage.
- (iii) Label instructions for use.
- (iv) Time to be administered.
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
- (vi) A resident's refusal to accept prescribed medication or procedures.

FINDING: Resident A's December 2021 Medication Administration Record (MAR) was missing facility staff members' initials on 12/04, 12/05, 12/16, 12/19, 12/24, 12/25, 12/26, 12/27, 12/28, 12/29, and 12/20.

Resident B's December 2021 MAR was missing facility staff members' initials on 12/04, 12/16, 12/17, 12/19, 12/24, 12/25, 12/27, 12/28, 12/29, and 12/30.

Resident C's December 2021 MAR was missing facility staff members' initials on 12/04, 12/16, 12/19, 12/24, 12/25, 12/27, 12/28, 12/29, and 12/30.

#### 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.

FINDING: The facility is not tracking monthly AFC payments received on individual Resident Funds II forms.

#### 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.

(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

FINDING: There was no written evidence on file confirming employee Taresha Perry was tested for TB before her employment and assumption of duties.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license, and special certification for the developmentally disabled and mentally ill populations, is recommended.

Michele Struter	01/11/2022
Licensing Consultant	Date