



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 24, 2022

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

RE: License #: AM800267885  
Beacon Home at Anchor Point North  
28720 63rd Street  
Bangor, MI 49013

Dear Ms. 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,

Kristy Duda, Licensing Consultant  
Bureau of Community and Health Systems  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

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

**I. IDENTIFYING INFORMATION**

**License #:** AM800267885

**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:** Israel Baker

**Name of Facility:** Beacon Home at Anchor Point North

**Facility Address:** 28720 63rd Street  
Bangor, MI 49013

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

**Original Issuance Date:** 08/03/2005

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/14/22, 03/22/22

Date of Bureau of Fire Services Inspection if applicable: 2/17/22

Date of Health Authority Inspection if applicable: 12/28/21

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 5  
No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes  No  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  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.  
On-site inspection occurred between mealtimes.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
The water temperature was measured to be 106 degrees Fahrenheit.
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
CAP Compliance Verification received on 1/11/22 for rules 304(1)(o) and 304(2).  
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:

**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.**

**(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.**

Employee records were reviewed and there were not annual health reviews documented for two staff members. Lupe Reyna's most recent health review was completed on 4/20/20. Jayden Whittker's most recent health review was completed on 1/31/20.

**R 400.14407**      **Bathrooms.**

**(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.**

The two windowless bathrooms were observed to not have working forced ventilation.

**R 400.14510**      **Heating equipment generally.**

**(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame-or heat producing equipment shall be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and shall be maintained in a safe condition.**

The dryer was observed to not be properly installed as the metal duct was disconnected from the wall.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

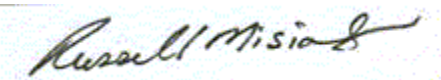


3/24/22

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Kristy Duda  
Licensing Consultant

Date



3/24/22

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Russell Misiak

Date