



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 #: AM800267886
Beacon Home at Anchor Point South
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 #: AM800267886

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 South

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
AGED
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: 1/27/22

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:
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 400.14301 **Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident records were reviewed and there were not annual health care appraisals completed for four residents. Resident A's most recent health care appraisal was dated 12/30/20. Resident B's most recent health care appraisal was dated 3/11/21. Resident C and D's most recent health care appraisals were dated 3/16/21.

R 400.14301 **Resident Assessment Plan**

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or

the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident records were reviewed and an annual written assessment plan was not completed for Resident A and B. The most recent assessment plan for Resident A was completed on 3/18/21. The most recent assessment plan for Resident B was completed on 3/15/21.

R 400.14301 Resident Care Agreement

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident records were reviewed and an annual resident care agreement was not completed for Resident A. The most recent resident care agreement was completed on 1/12/21.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The home was observed to not have handrails installed in the shower areas.

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.

IV. RECOMMENDATION

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

KDuda

3/24/22

Kristy Duda
Licensing Consultant

Date

Russell Misiak

3/24/22

Russell Misiak
Area Manager

Date