



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 27, 2023

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

RE: License #: AS390394306
Beacon Home At Kalamazoo
2710 West Main Street
Kalamazoo, MI 49006

Dear Mr. Beltran:

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 and specialized certification for the mentally ill and developmentally disabled, 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,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS390394306

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: Ramon Beltran

Administrator: Jamara White

Name of Facility: Beacon Home At Kalamazoo

Facility Address: 2710 West Main Street
Kalamazoo, MI 49006

Facility Telephone #: (269) 427-8400

Original Issuance Date: 10/23/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection: 03/27/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Director of Compliance

- 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.
Onsite inspection did not take place during a meal time; however, food was observed in the facility.
- 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.
- 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? 1 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 400.14403 Maintenance of premises.

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

FINDING: Resident A and Resident B had particularly cluttered and dirty bedrooms. Excessive clothes and personal items were scattered across the floors creating an uncomfortable and disorderly appearance. Additionally, there was observable dirt, dust, and grime present throughout the entire facility indicating the floors had not been recently swept or cleaned. Resident A's attached bathroom was also observed to be dirty and unclean. The underside of the toilet seat on the upper level had observable excrement on it.

R 400.14403 Maintenance of premises.

(6) All plumbing fixtures and water and waste pipes shall be properly installed and maintained in good working condition. Each water heater shall be equipped with a thermostatic temperature control and a pressure relief valve, both of which shall be in good working condition.

FINDING: The toilet seat cover was missing from the toilet in Resident A's bathroom.

The bathtub off the hallway on the upper level had observable flaking indicating it needs to be repaired.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

FINDING: The bottom level front screen door off the driveway was locking against egress.

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.

FINDING: A PVC pipe exiting the furnace was disconnected.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification are recommended.



03/27/2023

Cathy Cushman
Licensing Consultant

Date