



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 10, 2023

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

RE: License #: AS500390453
Investigation #: 2023A0604012
Beacon Home At New Haven

Dear Ms. Rawlings:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AS500390453
Investigation #:	2023A0604012
Complaint Receipt Date:	02/10/2023
Investigation Initiation Date:	02/10/2023
Report Due Date:	03/12/2023
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	890 N. 10th St., Suite 110 Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Kimberly Rawlings
Licensee Designee:	Kimberly Rawlings
Name of Facility:	Beacon Home At New Haven
Facility Address:	36790 28 Mile Road Lenox Township, MI 48048
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	03/13/2018
License Status:	REGULAR
Effective Date:	09/18/2022
Expiration Date:	09/17/2024
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
The house has mice. There are droppings in the sink, bathroom, drawers, and in the kitchen.	Yes
The toilet is leaking and there is water on the floor.	No
Additional Findings	Yes

III. METHODOLOGY

02/10/2023	Special Investigation Intake 2023A0604012
02/10/2023	Special Investigation Initiated - Letter Email to and from Complainant
02/13/2023	Inspection Completed On-site Completed unannounced onsite investigation. Interviewed staff Barbara Bayhan and Resident A, Resident B, Resident C and Resident D. Recipient Rights present after investigation.
02/13/2023	Contact - Telephone call received Received message from Amber Sultes re: pest control. Text to and from Ms. Sultes with pictures with evidence of mice.
02/13/2023	Contact - Document Received Email from Home Manager, Pam Grawbarger
02/14/2023	Contact - Document Sent Email to Pamela Grawbarger and Amber Sultes
02/14/2023	Contact - Document Received Email from Amber Sultes
02/14/2023	Contact - Document Received Received email with pictures and pest control invoice from Pamela Grawbarger
02/14/2023	Contact - Document Sent Email to and from Pamela Grawbarger

02/23/2023	Contact - Document Sent Email from Amber Sultes
02/27/2023	Contact - Document Received Email from Pamela Grawbarger
03/15/2023	Contact - Document Received Email from Amber Sultes. Sent return email.
03/15/2023	Contact- Document Sent Special Investigation Status Report Sent
03/16/2023	Contact - Document Received Email from Amber Sultes. Sent return email.
03/17/2023	Contact - Document Received Received copy of work order by email from Amber Sultes. Sent return email.
03/18/2023	Contact - Document Received Email from Amber Sultes.
03/21/2023	Contact - Document Received Email from Amber Sultes
03/22/2023	Contact - Document Received Email from Amber Sultes. Sent return email.
03/22/2023	Contact - Document Received Received pest control invoice by email from Amber Sultes
03/29/2023	Contact - Document Received Email from Amber Sultes. Sent return email. Received additional allegation regarding staff speeding and supporting documents by email.
03/30/2023	Contact - Telephone call received Received message from Amber Sultes.
03/31/2023	Contact - Document Received Email from Amber Sultes. Recipient Rights is closing case. Sent return email.
04/05/2023	Contact- Document Sent Email to Amber Sultes. Received return email.

04/05/2023	Exit Conference Completed exit conference by phone with Licensee Designee, Kimberly Rawlings. Left message for Ms. Rawlings with findings.
------------	---

ALLEGATION:

The house has mice. There are droppings in the sink, bathroom, drawers, and in the kitchen.

INVESTIGATION:

I received a complaint regarding Beacon Home At New Haven on 02/10/2023. It was alleged that the toilet in the front of the home is leaking water "all over the floor and staff will not fix it. It has been leaking for a while. The house has a lot of mice and staff will not get this fixed. There are mouse droppings all over the home. There are droppings in the sink, bathroom, drawers, and in the kitchen. It is unsanitary."

On 02/13/2023, I completed an unannounced onsite investigation. I interviewed Assistant Home Manager, Barbara Bayhan, Resident A, Resident B, Resident C and Resident D.

On 02/13/2023, I interviewed Assistant Home Manager, Barbara Bayhan. Ms. Bayhan stated that she has not seen any mice recently. Rose Pest control comes out to the home monthly.

On 02/13/2023, I interviewed Resident A. Resident A stated that she has lived at the home for four years and has not seen any mice or droppings.

On 02/13/2023, I interviewed Resident B. She stated that she has not seen any mice or droppings in home.

On 02/13/2023, I interviewed Resident C. She stated that she has never seen any mice or droppings, however, possible issue in garage.

On 02/13/2023, I interviewed Resident D. She stated that she has not seen any mice or droppings in home.

On 02/13/2023, during the onsite, I completed a walkthrough of the home. I observed mouse droppings in the kitchen cupboards. There were also mouse traps in cupboards under the kitchen sink. Ms. Bayhan stated that she believed the droppings were old. I observed droppings on a shelf at bottom of the pantry that contained food items.

On 02/14/2023, I received a copy of Rose Pest Control Service Inspection Report from Home Manager, Pamela Grawbarger by email. Service was completed at the home on

12/19/2022 which included interior and exterior rodent traps. I also received pictures showing that the mouse droppings had been cleaned up in the kitchen cupboards.

On 03/22/2023, I received a copy of Rose Pest Control Service Inspection Report from Recipient Rights Specialist, Amber Sultes. Service was completed on 03/17/2023. The report indicates that upon inspection, evidence of mice was found in the kitchen underneath the sink, stove, and pantry. Traps were set. Rose Pest Control informed client to have their maintenance personnel seal the holes underneath the sink where the mice are coming in.

On 03/30/2023, I received a message from Recipient Rights Specialist, Amber Sultes. Ms. Sultes indicated that she completed an onsite inspection and observed more droppings in the cupboard near the kitchen sink and informed staff that droppings need to be cleaned up. Rose Pest Control needs home to seal up holes where mice are entering.

APPLICABLE RULE	
R 400.14401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	Beacon Home At New Haven has a pest control program through Rose Pest Control. Invoices were provided to verify that service was completed on 12/19/2022 and 03/17/2023. The home continues to have mice despite the pest control program. Droppings were still being observed in the kitchen as recent as 03/30/2023.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	On 02/13/2023, I completed an unannounced onsite investigation. I observed mouse droppings in the kitchen. On 03/30/2023, Recipient Rights Specialist, Amber Sultes also observed mouse droppings in the home. The invoice from Rose Pest Control dated 03/17/2023 states that upon inspection evidence of mice was found in the kitchen underneath the sink,

	stove, and pantry. Rose Pest Control informed client that maintenance needs to seal the holes underneath the sink where the mice are coming in.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.
ANALYSIS:	On 02/13/2023, I completed an unannounced onsite investigation. I observed mouse droppings in the kitchen cupboards and pantry.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

The toilet is leaking and there is water on the floor.

INVESTIGATION:

On 02/13/2013, I interviewed Assistant Home Manager, Barbara Bayhan. Ms. Bayhan stated that there have been no repairs needed to Bathroom #1. She stated that the sink was broken for a couple days in Bathroom #2. It was repaired and there is no longer an issue. She stated that the toilet was never leaking.

On 02/13/2023, I interviewed Resident A. She stated that there is not a leaking toilet in the home.

On 02/13/2023, I interviewed Resident B. She stated that there is not a leaking toilet.

On 02/13/2023, I interviewed Resident C. She stated that there is not a leaking toilet.

On 02/13/2023, I interviewed Resident D. She stated that there was water on the floor in the bathroom, however, the issue was fixed. She stated that the toilet is not leaking at all.

On 02/13/2023, I observed both Bathroom #1 and Bathroom #2. I did not observe any indication that the toilet was leaking. I did not observe any water on the bathroom floors

or water damage. I completed Special Investigation #2022A0604024 dated 08/17/2022 in which bathroom #1 was found to have significant water damage to flooring. Bathroom #1 was repaired, and flooring was replaced as part of corrective action plan dated 08/29/2022.

On 03/31/2023, I received an email from Recipient Rights Specialist, Amber Sultes. Ms. Sultes found during her investigation that the sink was leaking due to a loose drainpipe fastener and has since been tightened. There have been no issues since.

APPLICABLE RULE	
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.
ANALYSIS:	On 02/13/2023, I completed an unannounced onsite investigation and did not find any plumbing fixtures that were leaking water. Assistant Home Manager, Barbara Bayhan, stated that there have been no repairs needed to Bathroom #1. She stated that the sink was broken for a couple days in Bathroom #2. It was repaired and there is no longer an issue. She stated that the toilet was never leaking. None of the residents stated that they observed a leaking toilet.
CONCLUSION:	VIOLATION NOT ESTABLISHED

APPLICABLE RULE	
R 400.14403	Maintenance of premises.
	(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.
ANALYSIS:	On 02/13/2023, I completed an unannounced onsite investigation. There did not appear to be a leaking toilet. I did not observe any water leaking on bathroom floors or water damage.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

On 03/29/2023, I received an email from Recipient Rights Specialist, Amber Sultes. Ms. Sultes indicated that a complaint was received regarding a staff speeding in the resident’s van. On 03/29/2023, I received copies of the timesheet for former Staff, Chastity Freeman, the GEO Tab van tracking log documenting five speeding incidents between December 2022- January 2023 and van travel log. Ms. Sultes indicated that all the dates on GEO Tab correspond with shifts worked by Chastity Freeman whose initials appear on travel log when the speeding incidents occurred. Recipient Rights will be substantiating due to speeding.

I reviewed GEO tab log which indicates staff was found to be speeding (Speeding > 10 mph) on 12/18/2022, 01/09/2023, 01/27/2023 and on two occasions on 01/29/2023. I received travel logs which indicate that there were two to five residents in the van during these dates.

I completed an exit conference with Licensee Designee, Kimberly Rawlings, by phone on 04/05/2023. I left Ms. Rawlings a message with violations found. I also informed Ms. Rawlings that a copy of the special investigation report would be mailed once approved and a corrective action plan would be requested.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	Resident’s safety was at risk due to staff speeding in the company van. On 03/29/2023, I was informed that GEO tab tracking found that on 12/18/2022, 01/09/2023, 01/27/2023 and on two occasions on 01/29/2023, staff were found to be speeding in the resident’s van. Time sheets and van travel log indicated that staff driving was Chastity Freeman.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable correction action plan, I recommend no change in license status.

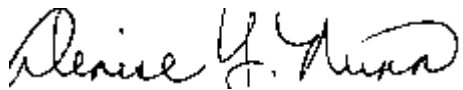


04/05/2023

Kristine Cilluffo
Licensing Consultant

Date

Approved By:



04/10/2023

Denise Y. Nunn
Area Manager

Date