



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 26, 2023

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

RE: License #: AS250412389  
Investigation #: 2023A0779037  
Beacon Home at Clio

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Christopher A. Holvey".

Christopher Holvey, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 899-5659

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250412389
<b>Investigation #:</b>	2023A0779037
<b>Complaint Receipt Date:</b>	04/18/2023
<b>Investigation Initiation Date:</b>	04/18/2023
<b>Report Due Date:</b>	06/17/2023
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Administrator:</b>	Kimberly Rawlings
<b>Licensee Designee:</b>	Kimberly Rawlings
<b>Name of Facility:</b>	Beacon Home at Clio
<b>Facility Address:</b>	1491 Bondy Dr. Clio, MI 48420
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Original Issuance Date:</b>	09/07/2022
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/07/2023
<b>Expiration Date:</b>	03/06/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
Resident A pulled out a knife on another resident because the staff sent a resident to frustrate him, and that resident swung a pole at Resident A and spit on him.	No
Additional Findings	Yes

**III. METHODOLOGY**

04/18/2023	Special Investigation Intake 2023A0779037
04/18/2023	APS Referral Complaint was received from APS centralized intake.
04/18/2023	Special Investigation Initiated - Telephone Spoke to district director of operations, Sammi Callahan.
04/19/2023	Contact - Telephone call made. Spoke to home manager, Lakeisha Thompkins.
04/24/2023	Contact - Telephone call made. Spoke to Sammi Callahan.
05/16/2023	Inspection Completed On-site
05/26/2023	Contact - Telephone call made. Spoke to licensee designee, Kimberly Rawlings.
05/26/2023	Exit Conference Held with licensee designee, Kimberly Rawlings.

**ALLEGATION:**

Resident A pulled out a knife on another resident because the staff sent a resident to frustrate him, and that resident swung a pole at Resident A and spit on him.

## INVESTIGATION:

On 4/18/23, a phone call was made to district director of operations, Sammi Callahan, who stated that Resident A suffers from schizophrenia and paranoia and has recently been refusing to take his medications. She reported that she is not aware of either incident involving Resident A having a knife or being threatened/assaulted by another resident. Ms. Callahan stated that Resident A has been in prior AFC homes and that the incidents in question may have occurred there.

On 4/19/23, a phone interview was conducted with home manager, Lakiesha Thompson, who stated that she is not aware of any incident involving Resident A having a knife. She stated that an incident did happen with a pole, but that it was Resident A that had the pole, and he was threatening staff with it. Ms. Thompson reported that the police were called, and Resident A went to the hospital, but he refused treatment and did not stay. She stated that no actual assault took place and that no one was injured. Ms. Thompson stated that there has never been a time when Resident A was physically threatened or assaulted by another resident in this home.

On 4/24/23, a phone call was received from Ms. Callahan. She reported that CMH was contacted about Resident A's worsening paranoia and frequent refusal to take his medications and the decision was made to have him petitioned into the hospital psych unit today.

The home has provided a copy of *AFC Licensing Division Incident/Accident Report (IR)* for Resident A's hospital visit on 3/19/23. The IR matched the information obtained during the interview with home manager, Ms. Thompson. The home did not have an IR available for review regarding Resident A's hospitalization on 4/24/23 (addressed later in this report).

On 5/16/23, an on-site inspection was conducted on 5/16/23 and staff person, Tameka Hogan was interviewed. She stated that she was not aware of any incident that involved Resident A having a knife. She confirmed that the only incident involving a pole was Resident A threatening staff with a metal pole. Ms. Hogan reported that Resident A is usually mild mannered but does get paranoid and delusional at times.

On 5/16/23, Resident A was interviewed. He admitted that he has mental illness and then went on a long tangent trying to explain his illness and his way of thinking. He described it as him having "scattered thoughts." Resident A stated that the situation with another resident swinging a pole and spitting on him never happened. He stated that he has no problem with any other residents at this home. When asked if he ever threatened anyone at this home with a knife, Resident A said that an incident like that did happen, but he could not provide any detailed information as to why, when or who was involved. Resident A stated that his intent was not to hurt anyone and that nothing actually happened. He stated that he does not remember if staff even knew about the knife incident. Resident A reported that he just recently got back from spending time in

the hospital and that he is doing much better now. Resident A stated that he likes it at this home, has no complaints report and that he feels safe here.

<b>APPLICABLE RULE</b>	
<b>R 400.14305</b>	<b>Resident protection.</b>
	<b>(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.</b>
<b>ANALYSIS:</b>	It was confirmed that Resident A suffers from schizophrenia, paranoia, and delusions. No one other than Resident A is aware of any incident involving Resident A using a knife to threaten a resident at this home. The only incident involving threats being made with a pole involved Resident A having the pole and making the threats. No actual assault took place, and no one was injured. Resident A stated that no resident has swung a pole at him or spit on him and that he has no problems with any residents at this home. There was no evidence found to support allegations that Resident A is not being provided with adequate protection and safety while at this home.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

The IR that was received regarding Resident A’s hospital visit on 3/19/23 showed that all required parties were not notified within required time frames. It showed that Resident A’s responsibility party/CMH was not notified until 4/10/23 and that Resident A’s legal guardian was not notified until 4/17/23. This IR was never sent to the AFC licensing division until 5/26/23.

On 5/26/23, licensee designee, Kimberly Rawlings stated that no IR was completed regarding Resident A’s hospitalization that took place on 4/24/23. She stated that Resident A went to the hospital from his CMH psychiatrist’s office and staff never wrote an IR, so there was not one available for review.

<b>APPLICABLE RULE</b>	
<b>R 400.14311</b>	<b>Investigation and reporting of incidents, accidents, illnesses, absences, and death.</b>
	<p><b>(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following:</b></p> <p><b>(c) Incidents that involve any of the following:</b></p> <ul style="list-style-type: none"> <li><b>(i) Displays of serious hostility.</b></li> <li><b>(ii) Hospitalization.</b></li> <li><b>(iii) Attempts at self-inflicted harm or harm to others.</b></li> <li><b>(iv) Instances of destruction to property.</b></li> </ul>
<b>ANALYSIS:</b>	It was confirmed that Resident A has had two recent visits to the hospital that required the completion of an AFC incident/accident report (IR). The IR completed for the 3/19/23 was not completed and/or sent to all required parties within the 48-hour time frame. The licensee did not have available for review any IR documenting the reason, cause, and/or outcome of Resident A's hospitalization that took place on 4/24/23.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 5/26/23, an exit conference was held with licensee designee, Kimberly Rawlings. She was informed of the outcome of this investigation and that a written corrective action plan is required.

**IV. RECOMMENDATION**

Upon receipt of an approved written corrective action plan, it is recommended that the status of this home's license remain unchanged.



5/26/2023

---

Christopher Holvey  
Licensing Consultant

Date

Approved By:



5/26/2023

---

Mary E. Holton  
Area Manager

Date