



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

June 2, 2023

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

RE: License #:	AS250413017
Investigation #:	2023A0872040
	Beacon Home At Lennon

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 "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(989) 293-5222

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS250413017
<b>Investigation #:</b>	2023A0872040
<b>Complaint Receipt Date:</b>	04/26/2023
<b>Investigation Initiation Date:</b>	04/27/2023
<b>Report Due Date:</b>	06/25/2023
<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 Lennon
<b>Facility Address:</b>	5328 Lennon Rd Swartz Creek, MI 48473
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Original Issuance Date:</b>	11/29/2022
<b>License Status:</b>	TEMPORARY
<b>Effective Date:</b>	11/29/2022
<b>Expiration Date:</b>	05/28/2023
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Two staff yelled and cussed at another staff in front of the residents.	No
On 04/26/23, the residents were served hot dogs with no sides for dinner.	No
Additional Findings	Yes

## III. METHODOLOGY

04/26/2023	Special Investigation Intake 2023A0872040
04/27/2023	Contact - Telephone call made I interviewed staff Jaliyah Bell
04/27/2023	Special Investigation Initiated - On Site Unannounced
04/28/2023	APS Referral I made an APS complaint via email
05/02/2023	Contact - Document Sent I emailed the licensee designee requesting information about this complaint
05/03/2023	Contact - Document Received I received requested documentation from Ms. Rawlings
05/04/2023	Inspection Completed On-site
06/01/2023	Contact - Telephone call made I interviewed staff ShaNaryeha Johnson
06/01/2023	Contact - Telephone call made I interviewed the home manager, Denise Funderburg
06/02/2023	Contact - Telephone call made I attempted to contact staff Anyla Gray numerous times but was unsuccessful

06/02/2023	Exit Conference I conducted an exit conference with the licensee designee, Kimberly Rawlings
06/02/2023	Inspection Completed-BCAL Sub. Compliance

**ALLEGATION: Two staff yelled and cussed at another staff in front of the residents.**

**INVESTIGATION:** On 04/27/23, I interviewed staff Jaliyah Bell via telephone. She told me that on 04/22/23, she worked the midnight shift and was supposed to be relieved by 1<sup>st</sup> shift staff at 7am on 04/23/23. Staff did not show up so she began calling them, asking them when they would be getting to work. According to Ms. Bell, at approximately 9am, staff ShaNareyah Johnson and Anyla Gray got to work and began yelling at her. Ms. Bell said that Ms. Johnson and Ms. Gray were cussing at her in front of Resident A and Resident B. Ms. Bell told me that she walked outside, and Ms. Johnson and Ms. Gray followed her, continuing to yell at her until she left the facility.

On 04/27/23, I conducted an unannounced onsite inspection of Beacon Home at Lennon Adult Foster Care facility. I interviewed Resident A and Resident B. I reviewed the allegations with both residents, and they acknowledged that an incident took place between staff on 04/23/23. Resident A said that Ms. Bell had been working the midnight shift and she had to leave so she called Ms. Johnson and Ms. Gray and asked them when they would be getting to the facility. When Ms. Johnson and Ms. Gray got to work, the three of them went outside and talked before Ms. Bell left. Resident A said that she heard Ms. Johnson apologize to Ms. Bell for being late but did not hear anything else that was said. According to Resident A, she did not hear any of the staff yelling or cussing at each other.

Resident B said that on the morning of 04/23/23, she was in the shower. When she got out, staff Ms. Johnson and Ms. Gray were walking outside, and they seemed “upset.” Resident B said that they went outside and then Ms. Bell left. When Ms. Johnson got back inside, she said she was “sorry for the mishap.” According to Resident B, she did not hear staff yelling or cussing at each other.

On 06/01/23, I interviewed staff ShaNaryeha Johnson via telephone. Ms. Johnson said that on 04/24/23, she and staff Anyla Gray were scheduled to work 1<sup>st</sup> shift. They were both running late so staff Jaliyah Bell called and asked them when they were going to be there. Ms. Johnson said that Ms. Bell started a group chat with the three of them and kept bugging them about getting to work. According to Ms. Johnson, when she and Ms. Gray got to work, Ms. Bell was upset. Ms. Johnson said that she and Ms. Bell walked outside while Ms. Gray stayed in the house. Ms. Johnson told me that she and Ms. Bell were yelling at each other outside, but they were not cussing and none of the residents were present. Ms. Johnson said that she and Ms. Bell eventually talked it out and Ms. Bell left.

During the course of this investigation, I have attempted to contact Anyla Gray on numerous occasions. I also spoke to the home manager, Denise Funderburg who also attempted to contact Ms. Gray and have her call me. As of 06/02/23, although Ms. Gray was scheduled to work at the facility, she was a “no call/no show” and she has not contacted me.

<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>	<p>Staff Jaliyah Bell said that on 04/23/23, staff ShaNaryeha Johnson and Anyla Gray were yelling at her and cussing at her in front of Residents A and B.</p> <p>Residents A and B said that there was an incident that took place on 04/23/23 but neither of them heard staff cussing or yelling at each other.</p> <p>Staff ShaNaryeha Johnson said that on 04/23/23, she and staff Jaliyah Bell had an argument, but they were not cussing or yelling at each other in front of the residents and said that staff Anyla Gray remained in the house during this incident.</p> <p>As of 06/02/23, staff Anyla Gray has not returned my telephone calls.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:** On 04/26/23, the residents were served hot dogs with no sides for dinner.

**INVESTIGATION:** On 04/28/23, a new complaint was made alleging that on 04/26/23, Resident B reported that she did not get a proper dinner. Resident B said that she and the other residents were served hot dogs with no sides, so she made a sandwich.

On 05/03/23, I received AFC documentation related to this complaint. According to the menu for 04/26/23, dinner was supposed to be lasagna, broccoli, tossed salad, buttered breadstick, and butterscotch cream cheese bars.

On 05/04/23, I conducted another unannounced onsite inspection of Beacon Home at Lennon AFC. I interviewed Resident A, Resident B, and staff ShaNareyah Johnson and Anyla Gray. I also examined the menu and looked at the food supply in the home.

Resident A said that staff serves them breakfast, lunch, and dinner and they usually receive a fruit or vegetable with every meal. She said that on 04/26/23, staff served hot dogs and chips and she does not remember what else. Resident A said that typically there is plenty of food in the home and she has no complaints about the meals.

Resident B said that on 04/26/23, staff served hot dogs but no chips. She said that she does not remember if there was anything else offered, but she does not like hot dogs, so she made a sandwich instead. Resident B said that typically, staff always offers them fruits or vegetables with every meal.

Staff ShaNareyah Johnson said that she has worked at this facility for approximately six months and although the menu is posted, the food listed is not always available at the facility. Ms. Johnson said that if the facility does not have the posted food available, she will substitute something else and document the change on the menu. She said that residents are always provided with a meat, starch, and fruit or vegetable at every meal. Ms. Johnson said that beginning on 05/01/23, staff was told to closely follow the posted menu. She said that the home manager, Denise Funderburg went grocery shopping on 05/02/23 and bought most of the items listed on the menu.

Staff Anyla Gray said that she has worked at this facility since it opened. She also said that up until recently, although the menu was usually posted, staff did not always serve what was on the menu. If the food was not available or if the residents wanted something else, staff would serve a substitute and document it on the menu. She confirmed that on 05/01/23, staff was told to follow the menu closely and confirmed that the home manager, Denise Funderburg does the grocery shopping for the home. Ms. Gray said that she and the rest of the staff make sure that they serve a protein, starch, and fruit or vegetable for every meal.

I looked at the menu for the day (05/04/23) and noted that for lunch, the menu states residents will be served a banana, turkey sandwich, and a rice cake. Ms. Johnson and Ms. Gray were preparing lunch and said that since the facility does not currently have rice cakes, they will serve chips instead. Ms. Johnson said that she will cross out rice cake and substitute chips on the menu.

I examined the food in the refrigerator, freezer, and cupboards and found ample amounts. The facility had canned fruits and vegetables and appeared to have nutritional food available for the residents.

On 06/01/23, I interviewed the home manager, Denise Funderburg, via telephone. She said that she does the grocery shopping for the home, and she always makes sure she purchases nutritious foods for the residents.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(2) Meals shall meet the nutritional allowances recommended pursuant to the provisions of "Appendix I: Recommended Dietary Allowances, Revised 1980" contained in the publication entitled "Basic Nutrition Facts: A Nutrition Reference," Michigan Department of Public Health publication no. H-808, 1/89. This publication may be obtained at cost from The Division of Research and Development, Michigan Department of Public Health, P.O. Box 30195, Lansing, Michigan 48909.</b>
<b>ANALYSIS:</b>	<p>Resident A said that staff serves them breakfast, lunch, and dinner and they usually receive a fruit or vegetable with every meal. She said that on 04/26/23, staff served hot dogs and chips and she does not remember what else. Resident A said that typically there is plenty of food in the home and she has no complaints about the meals.</p> <p>Resident B said that on 04/26/23, staff served hot dogs and she does not remember what else. She said that she does not like hot dogs, so she made a sandwich instead. Resident B said that typically, staff always offers them fruits or vegetables with every meal.</p> <p>Staff ShaNareyah Johnson said that residents are always provided with a meat, starch, and fruit or vegetable at every meal.</p> <p>Staff Anyla Gray said that she and the rest of the staff make sure that they serve a protein, starch, and fruit or vegetable for every meal.</p> <p>The home manager, Denise Funderburg said that she does the grocery shopping for the home, and she makes sure she purchases nutritious foods for the residents.</p> <p>I conclude that there is insufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>



**ADDITIONAL FINDINGS:**

**INVESTIGATION:** On 05/03/23, I received AFC documentation related to this complaint. According to the menu for 04/26/23, dinner was supposed to be lasagna, broccoli, tossed salad, buttered breadstick, and butterscotch cream cheese bars. None of these items were crossed out, indicating that hot dogs and chips were substituted for the meal.

On 05/04/23, I interviewed Residents A and B. They confirmed that on 04/26/23, they were served hot dogs and other items for dinner.

On 05/04/23, I interviewed staff ShaNaryeha Johnson and Anyla Gray. They stated that although a menu is posted on the refrigerator, they do not always follow the menu. They also said that staff is supposed to document any substitutions on the menu.

On 06/01/23, I interviewed the home manager, Denise Funderburg. She confirmed that on 04/26/23, staff deviated from the menu, and they did not indicate the substitutions on the posted menu.

<b>APPLICABLE RULE</b>	
<b>R 400.14313</b>	<b>Resident nutrition.</b>
	<b>(4) Menus of regular diets shall be written at least 1 week in advance and posted. Any change or substitution shall be noted and considered as part of the original menu.</b>
<b>ANALYSIS:</b>	<p>On 05/03/23, I received AFC documentation related to this complaint. According to the menu for 04/26/23, dinner was supposed to be lasagna, broccoli, tossed salad, buttered breadstick, and butterscotch cream cheese bars. None of these items were crossed out, indicating that hot dogs and chips were substituted for the meal.</p> <p>On 05/04/23, I interviewed Residents A and B. They confirmed that on 04/26/23, they were served hot dogs and other items for dinner.</p> <p>On 06/01/23, I interviewed the home manager, Denise Funderburg. She confirmed that on 04/26/23, staff deviated from the menu, and they did not indicate the substitutions on the posted menu.</p> <p>I conclude that there is sufficient evidence to substantiate this rule violation.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

On 06/02/23, I conducted an exit conference with the licensee designee, Kimberly Rawlings. I discussed the results of my investigation and explained which rule violation I am substantiating. Ms. Rawlings agreed to complete and submit a corrective action plan upon the receipt of my investigation report.

**IV. RECOMMENDATION**

Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.
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*Susan Hutchinson*

June 2, 2023

Susan Hutchinson Licensing Consultant	Date
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Approved By:

*Mary Holton*

June 2, 2023

Mary E. Holton Area Manager	Date
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