

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

October 10, 2023

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

> RE: License #: AM800084653 Beacon Home at Meadowland 56844 48th Avenue Lawrence, MI 49064

Dear Ms. VanNiman:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

• You are to submit documentation of compliance when the reference checks have been completed.

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,

Nele Khaberry, LMSW

Nile Khabeiry, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 4950

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

I. IDENTIFYING INFORMATION

License #:	AM800084653	
Licensee Name:	Beacon Specialized Living Services, Inc.	
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009	
Licensee Telephone #:	(269) 427-8400	
Licensee/Licensee Designee:	Nichole VanNiman	
Administrator:	Kimberly Howard	
Name of Facility:	Beacon Home at Meadowland	
Facility Address:	56844 48th Avenue Lawrence, MI 49064	
Facility Telephone #:	(269) 674-7306	
Original Issuance Date:	09/28/1999	
Capacity:	12	
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED	

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	10/05/2	2023
Date	e of Bureau of Fire Services Inspection if appl	icable:	2/13/2023
Date	e of Health Authority Inspection if applicable:	7/6/20	023
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 0 Role: N/A		3 12
•	Medication pass / simulated pass observed?	Yes 🖂] No 🗌 If no, explain.
•	Medication(s) and medication record(s) revie	wed? \	∕es ⊠ No ⊠ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⊠ If no, explain. Funds not held by the home. Meal preparation / service observed? Yes ☐ No ⊠ If no, explain. Inspection did not occur during meal time. Fire drills reviewed? Yes ⊠ No ☐ If no, explain.		
•	Fire safety equipment and practices observed	d? Yes	🛛 No 🗌 If no, explain.
•	E-scores reviewed? (Special Certification On If no, explain. Water temperatures checked? Yes 🔀 No 🗌	5,	
•	Incident report follow-up? Yes 🛛 No 🗌 If r	no, expl	ain.
•	Corrective action plan compliance verified? N/A 🔀 Number of excluded employees followed-up?		
•	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 400.14208 Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f)Verification of reference checks.

FINDINGS: References checks were completed for two employee files reviewed.

IV.

A corrective action plan was requested and approved on 10/05/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

V. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Nele Khaberry, LMSW

Nile Khabeiry Licensing Consultant Date