



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 22, 2023

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

RE: License #: AS630393369
Beacon Home at Clarkston
10358 Horseshoe Circle
Clarkston, MI 48348

Dear Nichole VanNiman:

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 designee and a date.

Upon receipt of an acceptable corrective plan, a regular license 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 (248) 975-5053.

Sincerely,

A handwritten signature in black ink that reads "Kristen Donnay". The signature is written in a cursive style with a large, looped 'D' at the end.

Kristen Donnay, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 296-2783

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

I. IDENTIFYING INFORMATION

License #:	AS630393369
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	890 N. 10th St. Suite 110 Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Clarkston
Facility Address:	10358 Horseshoe Circle Clarkston, MI 48348
Facility Telephone #:	(248) 922-7413
Original Issuance Date:	10/16/2018
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/21/2023

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable: 11/15/23

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 2 Role: 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.
Inspection did not occur during meal time
- 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? 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 330.1803	Facility environment; fire safety.
	(1) A facility that has a capacity of 4 to 6 clients shall be equipped with an interconnected multi-station smoke detection system which is powered by the household electrical service and which, when activated, initiates an alarm that is audible in all areas of the home. The smoke detection system shall be installed on all levels, including basements, common activity areas, and outside each sleeping area, but excluding crawl spaces and unfinished attics, so as to provide full coverage of the home. The system shall include a battery backup to assure that the system is operable if there is an electrical power failure and accommodate the sensory impairments of clients living in the facility, if needed. A fire safety system shall be installed in accordance with the manufacturer's instructions by a licensed electrical contractor and inspected annually. A record of the inspections shall be maintained at the facility.

During the onsite inspection, there was no documentation on file that the smoke detection system was inspected annually.

R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (i) The medication. (ii) The dosage. (iii) Label instructions for use. (iv) Time to be administered. (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

During the onsite inspection, I reviewed copies of Resident B and Resident H's medication administration records. Beacon Home at Clarkston utilizes an electronic medication administration record (eMAR) system. Staff click and initial within the computer system to indicate that medications were administered. They also print a "paper MAR" as a backup, which staff initial by hand if the computer system is not

functioning properly. There were numerous dates in which staff had to initial the paper MAR due to issues with the system. There is also a “glitch in the system” that causes some medications to be listed twice when the MARs are printed. These are known issues that have not been addressed, which make errors with medication passing and documentation more likely to occur. During my review of the medication administration records, I noted the following:

- The 8:00pm dose of Clozaril 100mg was listed on Resident B’s October 2023 eMAR and paper MAR twice due to a “glitch in the system”. Staff initialed the paper MAR twice on 10/10/23, 10/12/23, 10/17/23, 10/23/23, 10/29/23, and 10/31/23, even though the medication is only to be administered once at 8:00pm.
- The 8:00am dose of Lithium Carbonate 450mg was listed on Resident B’s October 2023 paper MAR twice due to a “glitch in the system”. Staff initialed the paper MAR twice on 10/16/23, 10/17/23, 10/22/23, and 10/28/23, even though the medication is only to be administered once at 8:00am.
- Resident B’s 8:00am dose of Concerta 18mg was not listed on the October 2023 paper MAR. It was not initialed by staff on the eMAR on 10/16/23 or 10/17/23.
- Resident B’s 8:00am dose of Sodium Fluoride 5000 Dry Mouth 1.1% was not listed on the October 2023 paper MAR. It was not initialed by staff on the eMAR on 10/28/23.
- The bubble packs for Resident B’s 8:00am dose of Concerta 18mg and Concerta 27mg were not in the home at the time of the onsite inspection. The home manager stated that the medications were sent back to the pharmacy after they were notified that insurance would not pay for the medication. There was no documentation that the medication was discontinued, and it was still listed on the November 2023 eMAR. Staff initialed that the medication was passed on 11/19/23, 11/20/23, and 11/21/23, despite the medication no longer being present in the home.
- Resident B’s November 2023 MAR states she is prescribed Euthyrox 75mcg at 8:00am. This does not match the name of the medication on the bubble pack, which states Levothyroxine 75mcg (substituted for Synthroid). The pharmacy label does not include the name Euthyrox anywhere on the label; however, staff hand wrote “Euthyrox” on the bubble pack.
- Resident H’s November 2023 MAR states she is prescribed Albuterol Sulfate Dosage 90mcg/actuation. This does not match the name of the medication on the pharmacy label, which states Ventolin HFA 108mcg/1 ACT IH Spray.

R 400.14403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

During the onsite inspection:

- The vent in the living room was dirty and full of debris.
- The fixtures in the bathrooms (showerhead, shower and tub handles, faucets, vent) showed signs of wear as they were rusty and mildewed.
- The glaze on the bathtub was worn.
- The wood under the kitchen counter was water stained from a leak.

R 400.14403	Maintenance of premises.
	(4) A roof, exterior walls, doors, skylights, and windows shall be weathertight and watertight and shall be kept in sound condition and good repair.

During the onsite inspection, the weather stripping at the bottom of the backdoor was coming off. There was a gap between the door and the doorframe on the door in the living room.

R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

During the onsite inspection:

- The floors in the living room/dining room area were gouged and scuffed.
- There was a hole in the wall in bedroom #2.
- There were several areas throughout the home where the paint was showing signs of wear.

R 400.14512	Electrical service.
	(1) The electrical service of a home shall be maintained in a safe condition.

During the onsite inspection, the electrical outlet near the dining room table was fried and damaged.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



11/22/2023

Kristen Donnay
Licensing Consultant

Date