

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 2, 2024

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

RE: License #: AS390406166

Beacon Home at Schoolcraft South 10745 S. 12th Street Schoolcraft, MI 49087

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 or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license and specialized certification for the mentally ill and developmentally disabled, 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 (517) 284-9730.

Sincerely,

Cathy Cushman, Licensing Consultant Bureau of Community and Health Systems

611 W. Ottawa Street

P.O. Box 30664 Lansing, MI 48909 (269) 615-5190

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

I. IDENTIFYING INFORMATION

License #: AS390406166

Licensee Name: Beacon Specialized Living Services, Inc.

Licensee Address: Suite 110

890 N. 10th St.

Kalamazoo, MI 49009

Licensee Telephone #: (269) 427-8400

Licensee Designee: Nichole VanNiman

Administrator: Kim Howard

Name of Facility: Beacon Home at Schoolcraft South

Facility Address: 10745 S. 12th Street

Schoolcraft, MI 49087

Facility Telephone #: (269) 488-7657

Original Issuance Date: 07/08/2021

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

II. METHODS OF INSPECTION

Date	of On-site Inspection: 12/19/2023
Date	of Bureau of Fire Services Inspection if applicable: N/A
	of Health Authority Inspections: 9/21/2023, 11/15/2023, 12/04/2023 and 5/2023
No. c	of staff interviewed and/or observed 2 of residents interviewed and/or observed 6 of others interviewed 1 Role: HR
• 1	Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.
• 1	Medication(s) and medication record(s) reviewed? Yes $oxtimes$ No $oxtimes$ If no, explain
`	Resident funds and associated documents reviewed for at least one resident? Yes No I If no, explain. Meal preparation / service observed? Yes No I If no, explain.
• [Fire drills reviewed? Yes ⊠ No □ If no, explain.
• [Fire safety equipment and practices observed? Yes $igtigtigthedown$ No $igcup$ If no, explain.
I	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? 1 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 400.14403 Maintenance of premises.

(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

FINDING: The top of Resident A's bedroom dresser was covered in a liquid substance that dried. Subsequently, the top of Resident A's dresser was dirty and unkempt.

On 12/19/2023, the Administrator, Kim Howard, sent pictures confirming the top of Resident A's dresser had been cleaned.

R 400.14411 Linens.

(1) A licensee shall provide clean bedding that is in good condition. The bedding shall include 2 sheets, a pillow case, a minimum of 1 blanket, and a bedspread for each bed. Bed linens shall be changed and laundered at least once a week or more often if soiled.

FINDING: Resident A's bed sheets were observed dirty, stained, and unclean. Subsequently, they did not appear in good condition, as required.

On 12/19/2023, the Administrator, Kim Howard, sent pictures confirming Resident A's sheets were changed and cleaned.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

FINDING: The screen door on the front door of the facility was locking against egress.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and specialized certification are recommended.

Cathy Cushman Date Licensing Consultant