

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

MARLON I. BROWN, DPA ACTING DIRECTOR

January 11, 2024

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

> RE: License #: AL800278708 Investigation #: 2024A1031016 Beacon Home at Wave Crest

Dear Licensee Designee:

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 (616) 356-0183.

Sincerely,

Kristy Duda, Licensing Consultant Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

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

### I. IDENTIFYING INFORMATION

License #:	AL800278708
Investigation #:	2024A1031016
Complaint Respirit Data:	12/13/2023
Complaint Receipt Date:	12/13/2023
Investigation Initiation Date:	12/13/2023
Report Due Date:	02/11/2024
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110
	890 N. 10th St.
	Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Israel Baker
Licensee Designee:	Nichole VanNiman
Licensee Designee.	
Name of Facility:	Beacon Home at Wave Crest
Facility Address:	28840 63rd Street
	Bangor, MI 49013
Facility Telephone #:	(269) 427-8400
	(203) 427-0400
Original Issuance Date:	03/21/2006
License Status:	REGULAR
	0.1/05/0000
Effective Date:	04/25/2023
Expiration Date:	04/24/2025
Capacity:	16
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	MENTALLY ILL
	TRAUMATICALLY BRAIN INJURED
	AGED

# II. ALLEGATION(S)

#### Violation Established?

Residents are smoking in their bedrooms.	Yes

## III. METHODOLOGY

12/13/2023	Special Investigation Intake 2024A1031016
12/13/2023	Special Investigation Initiated - Letter Email Exchange with Larry Lamb.
12/13/2023	APS Referral
12/13/2023	Contact - Telephone Interview with Nichole VanNiman.
01/04/2024	Inspection Completed-BCAL Sub. Compliance
01/04/2024	Inspection Completed On-site
01/04/2024	Contact - Face to Face Interview with Cassandra Cruz and Kristine McPike.
01/04/2024	Exit Conference held with Nichole VanNiman.

### ALLEGATION:

### Residents are smoking in their bedrooms.

### **INVESTIGATION:**

On 12/13/23, there was an email exchange with the Fire Marshal Inspector Larry Lamb. Mr. Lamb reported he was at the home conducting a fire inspection and he observed Resident A to be actively smoking in their bedroom.

On 12/13/23, I interviewed licensee designee Nichole VanNiman via telephone. Ms. VanNiman reported she was informed that the residents were smoking in their bedrooms. Ms. VanNiman reported staff constantly remind residents in the home to smoke outside and have them extinguish their cigarettes if they are found to be smoking in their rooms. Ms. VanNiman reported that she recognizes this is a safety issue in the home that she is addressing. Ms. VanNiman reported she has requested for the individuals case managers to address unsafe smoking in their behavior

treatment plans. However, they were not willing to allow staff to take away or hold the residents' cigarettes as they reported it violates their rights.

On 12/13/23, I reviewed the Bureau of Fire Services Inspection Report. The report read that Resident A was smoking in their bedroom which is prohibited.

On 1/4/24, I conducted an unannounced visit to the home. I observed Resident A's bedroom and it smelled strongly of smoke. There was an ashtray with cigarettes ashes and cigarettes butts on Resident A's bed. There was also loose tobacco and cigarette butts observed on the floor and dresser.

On 1/4/24, I interviewed direct care workers Cassandra Cruz and Kristine McPike in the home. They both reported that Resident A continues to smoke in his bedroom despite attempts made by staff to redirect him outside of the home to smoke.

On 1/11/24, I reviewed the *Resident Rights and Responsibilities* policy signed by Resident A's guardian. The policy read "This is a non-smoking, no tobacco home. This includes no vaping and no chewing inside the home. These things can be done outside in designated areas.

APPLICABLE RULE		
R 400.15302	Resident admission and discharge policy; house rules; emergency discharge; change of residency; restricting resident's ability to make living arrangements prohibited; provision of resident records at time of discharge.	
	(2) A licensee may establish house rules. House rules, if established, shall be provided, in writing, to the resident or the resident's designated representative and responsible agency upon admission to the home or, if established after a resident's admission to the home, immediately thereafter. House rules shall not conflict with these rules.	
ANALYSIS:	Although the home has implemented a house rule that residents are not to smoke in the home, residents continue to smoke in their bedrooms. Resident A was observed by the fire inspector to be actively smoking in their bedroom and licensing observed an ashtray on Resident A's bed that had ashes and cigarette butts in it.	
CONCLUSION:	VIOLATION ESTABLISHED	

### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

Duda/

1/11/24

Kristy Duda Licensing Consultant Date

Approved By: Russell Misial

1/11/24

Russell B. Misiak Area Manager

Date