

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

MARLON I. BROWN, DPA DIRECTOR

April 1, 2024

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

> RE: License #: AS800343665 Beacon Home at Bayview 29320 63rd Street Bangor, MI 49013

Dear Licensee Designee:

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 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, Kristy Duda, Licensing Consultant Bureau of Community and Health Systems 350 Ottawa, N.W. Unit 13, 7th Floor Grand Rapids, MI 49503 611 W. OTTAWA • P.O. BOX 30664 • LANSING, MICHIGAN 48909 www.michigan.gov/lara • 517-335-1980

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

I. IDENTIFYING INFORMATION

License #:	AS800343665		
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:	Nichole VanNiman		
Name of Facility:	Beacon Home at Bayview		
Facility Address:	29320 63rd Street Bangor, MI 49013		
Facility Telephone #:	(269) 427-0288		
Original Issuance Date:	10/07/2013		
Capacity:	6		
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED TRAUMATICALLY BRAIN INJURED		

II. METHODS OF INSPECTION

Date	e of On-site Inspection(s):	03/19/2024			
Date	e of Bureau of Fire Services Inspection if appl	licable:	N/A		
Date	e of Health Authority Inspection if applicable:		12/29/2023	A-Rating	
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		2 2		
•	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 occurred between mealtimes. Fire drills reviewed? Yes No If no, explain. 				
•	Fire safety equipment and practices observed? Yes $oxtimes$ No $oxtimes$ If no, explain.				
•	E-scores reviewed? (Special Certification Only) Yes 🛛 No 🗌 N/A 🗌 If no, explain.				
•	 Water temperatures checked? Yes No If no, explain. The water temperature was measured to be 111 degrees. Incident report follow-up? Yes No If no, explain. No incident reports required follow-up. 				
•	Corrective action plan compliance verified? N/A \bowtie	Yes 🗌	CAP date/s a	nd rule/s:	
•	Number of excluded employees followed-up?	? 3 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.

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

The window in Bedroom #1 was not watertight as the locks were broken and the window did not fully close.

IV. RECOMMENDATION

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

Duda/

4/1/23

Kristy Duda Licensing Consultant

Date