



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 3, 2024

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

RE: License #: AM030402101
Investigation #: 2024A0464025
Beacon Home at Hammond

Dear Mr. Beltran:

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 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,

A handwritten signature in blue ink that reads "Megan Aukerman, MSW". The signature is written in a cursive style.

Megan Aukerman, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 438-3036

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM030402101
Investigation #:	2024A0464025
Complaint Receipt Date:	03/04/2024
Investigation Initiation Date:	03/05/2024
Report Due Date:	05/03/2024
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110, 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Ramon Beltran
Licensee Designee:	Ramon Beltran
Name of Facility:	Beacon Home at Hammond
Facility Address:	318 East Hammond Street Otsego, MI 49078
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	07/09/2020
License Status:	REGULAR
Effective Date:	01/26/2024
Expiration Date:	01/25/2026
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident A presented disheveled with significantly matted hair. She was dressed in a filthy coat and clothes and her wheelchair was dirty.	Yes

III. METHODOLOGY

03/04/2024	Special Investigation Intake 2024A0464025
03/04/2024	APS Referral referral came from APS
03/05/2024	Special Investigation Initiated - Telephone Elena Tricoci, ORR Kalamazoo
03/06/2024	Inspection Completed On-site Elena Tricoci (ORR), Britni Smith (Manager), Kim Scott (Administrator), Chelsea Roblyer (Staff), & Resident A
03/06/2024	Contact-Document received Facility Records
04/19/2024	Inspection Completed-Onsite Elena Tricoci (ORR), Britni Smith (Manager), & Justice Brunn (Staff)
05/02/2024	Exit Conference Ramon Beltran, License Designee

ALLEGATION: Resident A presented disheveled with significantly matted hair. She was dressed in a filthy coat and clothes, and her wheelchair was dirty.

INVESTIGATION: On 03/04/2024, I received an online BCAL complaint from Adult Protective Services (APS). The complaint stated on 03/01/2024, Resident A was seen for concerns regarding a urinary tract infection (UTI). Resident A was observed to be disheveled with extremely matted hair. She was dressed in filthy clothing and her wheelchair was also observed to be dirty. APS did not assign the complaint for investigation.

On 03/05/2024, I exchanged emails with Kalamazoo County Office of Recipient Rights (ORR) worker, Elena Tricoci to coordinate the investigation.

On 03/06/2024, Ms. Tricoci and I completed an unannounced, onsite inspection at the facility. We interviewed staff Britini Smith and Kim Scott. Both Ms. Smith and Ms. Scott stated the home manager, Chelsea Marie Hernandez has been suspended due to not ensuring residents are adequately cared for. Ms. Smith and Ms. Scott stated it was discovered Ms. Hernandez, along with other staff were not showering, toileting residents, or cleaning resident bedrooms. Separate investigations exist regarding other residents (SIR #2024A0464026 and 2024A0464027). Both staff stated Resident A frequently refuses to be toileted or showered. However, when approached the "correct way", staff can convince Resident A to be toileted and showered. Ms. Scott stated Resident A's doctor's office expressed concerns regarding Resident A's appearance on 03/04/2024. Ms. Scott stated she did not see Resident A before she left for the doctor but did see her later that day. Ms. Scott stated Resident A appeared to be clean; however, she did observe her wheelchair to be filthy. Ms. Scott stated staff were not cleaning Resident A's wheelchair as they should have been. Ms. Scott stated a new wheelchair has been ordered for Resident A.

We then interviewed staff, Chelsea Roblyer. Ms. Roblyer stated Resident A can be difficult to get in the shower; however, she has always been able to prompt her to get in. Ms. Roblyer denied witnessing any other staff refusing to meet Resident A's care needs.

I then interviewed staff, Tonya Klifman. She stated she has only worked at the facility for one month. She denied witnessing staff to refuse to provide Resident A's care needs. Ms. Klifman stated Resident A initially refused to be showered this morning, but then Ms. Klifman was able to convince her to take one.

I then interviewed Resident A, privately. Resident A was observed to be clean and appropriately dressed. Resident A's wheelchair was observed to be very dirty. Resident A reported she enjoys residing at the facility and staff take good care of her. Resident A denied any instances when she did not receive staff assistance with showering, grooming, or dressing.

On 03/06/2024, I received and reviewed Resident A's Assessment Plan. Under the self-care skill assessment, it states Resident A requires staff assistance with toileting and showering. The plan also states Resident A requires use of a wheelchair as an assistive device, as Resident A is unable to stand or walk.

On 04/19/2024, Ms. Tricoci and I completed an onsite inspection at the facility. Face-to-face contact was made with Resident A. Resident A appeared to be clean and appropriately dressed. She reported things were going well. Resident A was observed to be sitting in the same, dirty wheelchair.

On 05/02/2024, I completed an exit conference with licensee designee, Ramon Beltran. He was informed of the investigation findings and recommendations. Mr.

Beltran stated a corrective action plan would be submitted within the next couple of days.

APPLICABLE RULE	
R 400.14305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	<p>A complaint was received alleging Resident A presented disheveled, with matted hair and dressed in dirty clothing.</p> <p>On 03/06/2024, an unannounced, onsite inspection was completed at the facility. Staff, Kim Scott, Britni Smith and Chelsea Roblyer all reported Resident A can be difficult to assist with toileting, showering and grooming; however, they have never witnessed staff refused to provide assistance to Resident A.</p> <p>Resident A was observed to be clean, appropriately dressed, and well groomed. Resident A stated she enjoys residing at the facility and denied having any concerns. Resident A's wheelchair was observed to be dirty.</p> <p>Based on the investigative findings there is sufficient evidence to support a rule violation that staff have not kept Resident A's wheelchair clean.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the licensing status remain unchanged.

Megan Aukerman, MSW

05/02/2024

Megan Aukerman
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/03/2024

Jerry Hendrick
Area Manager

Date