



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 2, 2024

Roxanne Goldammer  
Gonyer Home Adult Foster Care LLC  
Suite 110  
890 North 10th Street  
Kalamazoo, MI 49009

RE: License #: AM400310461  
**Beacon Home at Fife Lake**  
**5568 Gonyer Road**  
**Fife Lake, MI 49633**

Dear Ms. Goldammer:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification is renewed. It is valid only at your present address and is nontransferable.

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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
Traverse City, MI 49684  
(231) 350-0939

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

**I. IDENTIFYING INFORMATION**

**License #:** AM400310461

**Licensee Name:** Gonyer Home Adult Foster Care LLC

**Licensee Address:** 5568 Gonyer Road  
Fife Lake, MI 49633

**Licensee Telephone #:** (231) 879-4190

**Licensee/Licensee Designee:** Roxanne Goldammer, Designee

**Administrator:** Roxanne Goldammer

**Name of Facility:** Beacon Home at Fife Lake

**Facility Address:** 5568 Gonyer Road  
Fife Lake, MI 49633

**Facility Telephone #:** (231) 879-7606

**Original Issuance Date:** 01/06/2012

**Capacity:** 8

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 06/28/2024

Date of Bureau of Fire Services Inspection if applicable: 10/26/2023

Date of Health Authority Inspection if applicable: 03/04/2024

No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 6  
No. of others interviewed 1 Role: Licensee Designee/Admin.

- 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. None kept
- Meal preparation / service observed? Yes  No  If no, explain.
- 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   
modified Resident Funds Part 1 form

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a two-year regular adult foster care license.



7/2/2024

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Adam Robarge  
Licensing Consultant

Date