

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 6, 2024

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

RE: License #: AM800267887

Beacon Home At Breakwater East

28730 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 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 RENEWAL INSPECTION REPORT

I. IDENTIFYING INFORMATION

License #: AM800267887

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: Israel Baker

Name of Facility: Beacon Home At Breakwater East

Facility Address: 28730 63rd Street

Bangor, MI 49013

Facility Telephone #: (269) 427-8400

Original Issuance Date: 08/03/2005

Capacity: 10

Program Type: PHYSICALLY HANDICAPPED

DEVELOPMENTALLY DISABLED

MENTALLY ILL

AGED

TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	03/19/2024
Date of Bureau of Fire Services Inspection if app	licable: 02/12/2024 A-Rating
Date of Health Authority Inspection if applicable:	01/24/2024 A-Rating
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed N/A Role:	4 6
Medication pass / simulated pass observed?	Yes ⊠ No □ If no, explain.
Medication(s) and medication record(s) reviews	ewed? 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. 	
Fire drills reviewed? Yes ⊠ No ☐ If no, e.	xplain.
Fire safety equipment and practices observe	ed? Yes ⊠ No □ If no, explain.
 E-scores reviewed? (Special Certification Or If no, explain. Water temperatures checked? Yes ⋈ No ☐ The water temperature was measured to be Incident report follow-up? Yes ⋈ No ☐ If 	☐ If no, explain. 135 degrees Fahrenheit.
Corrective action plan compliance verified? N/A ⊠	Yes CAP date/s and rule/s:
Number of excluded employees followed-up	? 5 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 400.14301 Resident admission criteria; resident assessment plan

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

Resident A and Resident C did not have an assessment plan completed annually.

R 400.14301 Resident admission criteria; resident care agreement;

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

Resident A and Resident C did not have a resident care agreement available for review.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A and Resident C did not have a Funds I form available for review.

R 400.14401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet. The water temperature in the two bathrooms in the home were measured to be 135 degrees Fahrenheit.

R 400.14403 Maintenance of premises.

(11) Handrails and nonskid surfacing shall be installed in showers and bath areas.

The two showers in the home did not have nonskid surfacing installed.

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.

Bedroom #1 had a window with locks that did not latch, and Bedroom #4 had a broken window and window locks that did not latch.

R 400.14403 Maintenance of premises.

(7) All water closet compartments, bathrooms, and kitchen floor surfaces shall be constructed and maintained so as to be reasonably impervious to water and to permit the floor to be easily kept in a clean condition.

Bathroom #1 had cracked flooring tiles and Bathroom #2 had peeling flooring and exposed concrete.

IV. RECOMMENDATION

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

K Duda	8/6/24
Licensing Consultant	 Date