

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

MARLON I. BROWN, DPA DIRECTOR

July 24, 2024

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

> RE: License #: AS630387840 Beacon Home at Lake Orion 175 E. Silverbell Rd. Lake Orion, MI 48360

Dear Ramon Beltran:

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 designee 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 (248) 975-5053.

Sincerely,

Kisten Donnay

Kristen Donnay, Licensing Consultant Cadillac Place 3026 W. Grand Blvd. Ste 9-100 Detroit, MI 48202 (248) 296-2783

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

I. IDENTIFYING INFORMATION

| License #: | AS630387840 |
|--------------------------|--|
| | |
| Licensee Name: | Beacon Specialized Living Services, Inc. |
| | |
| Licensee Address: | 890 N. 10th St. |
| | Suite 110 |
| | Kalamazoo, MI 49009 |
| Liesenses Televileense # | (000) 407 0400 |
| Licensee Telephone #: | (269) 427-8400 |
| Licensee Designee: | Ramon Beltran |
| | |
| Name of Facility: | Beacon Home at Lake Orion |
| | |
| Facility Address: | 175 E. Silverbell Rd. |
| | Lake Orion, MI 48360 |
| Facility Talanhana # | (200) 427 8400 |
| Facility Telephone #: | (269) 427-8400 |
| Original Issuance Date: | 10/10/2017 |
| | |
| Capacity: | 6 |
| | |
| Program Type: | PHYSICALLY HANDICAPPED |
| | DEVELOPMENTALLY DISABLED |
| | MENTALLY ILL |
| | AGED |
| | TRAUMATICALLY BRAIN INJURED |

II. METHODS OF INSPECTION

Date of On-site Inspection(s):b07/24/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observedNo. of residents interviewed and/or observedNo. of others interviewed4Role:LD/Compl.

- Medication pass / simulated pass observed? Yes \boxtimes No \square If no, explain.
- Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.

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- 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 did not occur during meal time
- 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 X
- Variances? Yes ⊠ (please explain) No □ N/A □ 315(3)- Resident Funds

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

| R 330.1803 | Facility environment; fire safety. |
|------------|---|
| | (5) The capability of the clients to evacuate a facility in the event of a fire shall be assessed using methods described in appendix f of the 1985 life safety code of the national fire protection association. Appendix f of the 1985 life safety code of the national fire protection association is adopted by reference as part of these rules. A copy of the adopted appendix f is available from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost. A copy of appendix f may also be obtained from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fire protection association for a copy of appendix f. A price quote for copying of these pages may be obtained from the national fire protection association. |
| | the national fire protection association. |

During the onsite inspection, I noted an error was made in calculating the E-scores. Resident B's evacuation assistance score was calculated as 6, but staff noted his score as 1 when calculating the total resident evacuation assistance score.

| R 400.14312 | Resident medications. |
|-------------|--|
| | (2) Medication shall be given, taken, or applied pursuant to label instructions. |

Resident A did not receive his morning medications on the date of the onsite inspection on 07/24/24. The medication count was off for Resident A's morning medications, as there was an extra pill in each bubble pack; however, the medication administration record was initialed indicating all medications were passed. The home manager confirmed with the medication passer that he did not administer Resident A's medications that morning.

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 08/04/2022; CAP Dated: 08/16/2022

| R 400.14312 | Resident medications. |
|-------------|---|
| | (4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: |

| (b) Complete an individual medication log that contains |
|--|
| |
| all of the following information: |
| (i) The medication. |
| (ii) The dosage. |
| (iii) Label instructions for use. |
| (iv) Time to be administered. |
| (v) The initials of the person who administers the |
| medication, which shall be entered at the time the medication is |
| given. |
| (vi) A resident's refusal to accept prescribed |
| medication or procedures. |

On 07/24/24, Resident A did not receive any of his morning medications; however, staff initialed the medication log indicating that the medications were passed.

During the onsite inspection, I noted that the medication administration records (MARs) list the name brand of the medications rather than the generic medications that were prescribed; thus, several medications listed on the MARs did not match the primary prescription information on the bubble packs (Ex.: Gemfibrozil vs. Lopid).

REPEAT VIOLATION ESTABLISHED

Reference Renewal Licensing Study Report Dated: 08/04/2022; CAP Dated: 08/16/2022

| 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. |

During the onsite inspection, the water temperature was measured at 102°F in the bathroom.

IV. RECOMMENDATION

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

Kisten Donna

07/24/2024

Kristen Donnay Licensing Consultant Date