



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 16, 2024

Roxanne Goldammer  
ViviCare Southeast, Inc.  
Suite #110  
890 North 10th Street  
Kalamazoo, MI 49009

RE: License #: AM280238050  
**Beacon Home at Mission Point**  
**604 Ash Street**  
**Kingsley, MI 49649**

Dear Roxanne 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 blue ink, reading "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4939

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM280238050
<b>Licensee Name:</b>	ViviCare Southeast, Inc.
<b>Licensee Address:</b>	555 Railroad Street Bangor, MI 49013
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Roxanne Goldammer
<b>Administrator:</b>	Roxanne Goldammer
<b>Name of Facility:</b>	Beacon Home at Mission Point
<b>Facility Address:</b>	604 Ash Street Kingsley, MI 49649
<b>Facility Telephone #:</b>	(231) 342-0939
<b>Original Issuance Date:</b>	07/03/2001
<b>Capacity:</b>	11
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/14/2024

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: ORR

R

- 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.
- 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: R305.3 and 403.1 CAP dates 12/16/22 and 7/19/23 N/A ☐
- Number of excluded employees followed-up? 7 N/A ☐
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On August 16, 2024, I provided Licensee Designee Roxanne Goldammer with an exit conference. I explained my findings as noted above. Ms. Goldammer noted that she understood and that she had no further information to provide or questions to ask concerning this renewal inspection.

### IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



August 16, 2024

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Bruce A. Messer  
Licensing Consultant

Date