

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 26, 2024

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

RE: License #: AS500390453

Beacon Home At New Haven

36790 28 Mile Road

Lenox Township, MI 48048

Dear Mr. 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 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 (248) 975-5053.

Sincerely,

Kristine Cilluffo, Licensing Consultant

Kristine Cillylo

Bureau of Community and Health Systems

Cadillac Place

3026 West Grand Blvd Ste 9-100

Detroit, MI 48202

(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500390453	
Licensee Name:	Beacon Specialized Living Services, Inc.	
Licensee Address:	Suite 110	
	890 N. 10th St.	
	Kalamazoo, MI 49009	
Licensee Telephone #:	(269) 427-8400	
Licensee/Licensee Designee:	Ramon Beltran	
Administrator:	Ramon Beltran	
Name of Facility:	Beacon Home At New Haven	
Facility Address:	36790 28 Mile Road	
	Lenox Township, MI 48048	
	(222) (22	
Facility Telephone #:	(269) 427-8400	
Original Issuance Date:	03/13/2018	
Capacity:	6	
Program Type:	PHYSICALLY HANDICAPPED	
	DEVELOPMENTALLY DISABLED	
	MENTALLY ILL	

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	08/23/2024			
Date of Bureau of Fire Services Inspection if app	olicable: N/A			
Date of Health Authority Inspection if applicable:	05/23/2024			
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed O Role:	5 0			
 Medication pass / simulated pass observed? Reviewed medication passing procedures w Medication(s) and medication record(s) reviewed. 	vith staff.			
 Resident funds and associated documents review Yes No ☐ If no, explain. Meal preparation / service observed? Yes ☐ Inspection did not occur during a meal preparation. Fire drills reviewed? Yes ☒ No ☐ If no, explain. 	☐ No ⊠ If no, explain. aration.			
Fire safety equipment and practices observe	ed? 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? CAP date 10/05/2022- AS204(3)(d), AS208(AS403(1), AS511(2) N/A Number of excluded employees followed-up 	(1)(e), AS312(4)(b)(iii), AS315(3),			
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 400.14103	Licenses; required information; fee; effect of failure to cooperate with inspection or investigation; posting of license; reporting of changes in information.
	(5) An applicant or licensee shall give written notice to the department of any changes in information that was previously submitted in or with an application for a license, including any changes in the household and in personnel-related information, within 5 business days after the change occurs.
acting as the Adr Kelly Krutsch is r	ctor, Andrea Lapp, indicated that Jacqueline Wilson is no longer ministrator for Beacon Home At New Haven. It was reported that now the Administrator for home. A date has not been provided as to a took place or a request received to add Ms. Krutsch as the new the home.
R 400.14204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection.
care, supervision	Ingram and Stacy Harrison, did not have verification of personal and protection training in employee files. TION ESTABLISHED Reference LSR dated 09/19/2022, CAP
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: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

The home is utiliz	ing both electronic and paper medication logs. Resident A's
	was not initiated as given by staff on 08/18/2024 on either log.
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.
<u> </u>	inspection, I measured the water temperature with a digital water temperature only measured as high as 103.8 degrees
R 400.14403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
During the onsite	inspection, I observed Bedroom #1 had rusted vent.
REPEAT VIOLAT dated 10/05/2022	TION ESTABLISHED Reference LSR dated 09/19/2022, CAP
R 400.14403	Maintenance of premises.
	(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.
The bedroom wall	inspection, I observed that Bedroom #2 had brown stain on ceiling. s also need cleaning and had what appeared to be drip marks he windowsill also had damage from possible water or moisture

IV. RECOMMENDATION

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

Kristine Cilluffo	08/23/2024
Kristine Cilluffo	Date
Licensing Consultant	