GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 21, 2024

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

RE: License #:	AS250395771
Investigation #:	2024A0872047
	Beacon Home at Linden

Dear Ramon Beltran:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please contact the local office at (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT

I. IDENTIFYING INFORMATION

License #:	AS250395771
Investigation #:	2024A0872047
Complaint Receipt Date:	07/03/2024
Investigation Initiation Date:	07/03/2024
Report Due Date:	09/01/2024
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Nichole VanNiman
Licensee Designee:	Ramon Beltran
Name of Facility:	Beacon Home at Linden
Facility Address:	14180 N. Hogan Road Linden, MI 48451
Facility Telephone #:	(248) 286-6900
Original Issuance Date:	10/09/2018
License Status:	REGULAR
Effective Date:	04/09/2023
Expiration Date:	04/08/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Resident C was supposed to receive an injection at GHS on 6/26/24. Staff did not bring him in until 07/02/24.	No
Additional Findings	Yes

III. METHODOLOGY

07/03/2024	Special Investigation Intake 2024A0872047
07/03/2024	Special Investigation Initiated - Telephone I called Resident A's GHS case manager and left a message
07/08/2024	APS Referral I made an APS referral via email
07/08/2024	Contact - Document Sent I emailed the licensee designee requesting information about this complaint
07/09/2024	Contact - Telephone call received I spoke to APS Dan Spalthoff about this complaint
07/10/2024	Inspection Completed On-site Unannounced
08/09/2024	Contact - Document Sent I emailed the licensee designee requesting information related to this investigation
08/19/2024	Contact - Document Sent I emailed Ramon Beltran requesting information related to this complaint
08/20/2024	Contact - Document Received I received documentation related to this complaint
08/21/2024	Exit Conference I conducted an exit conference with the licensee designee, Ramon Beltran

08/21/2024	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: Resident C was supposed to receive an injection at GHS on 6/26/24. Staff did not bring him in until 07/02/24.

INVESTIGATION: On 07/09/24, I exchanged emails with Adult Protective Services Worker (APS), Dan Spalthoff. APS Spalthoff said that he met with Resident C on 07/09/24 but Resident C refused to talk to him after a short conversation.

On 07/10/24, I conducted an unannounced onsite inspection of Beacon Home at Linden Adult Foster Care facility and interviewed Resident C. Resident C told me that he has lived at this facility for approximately five years. I asked him if staff administers his medications, and he said yes. I asked him if he receives a psychotropic injection once per month and he said yes. I asked him if staff ever failed to take him for his injection appointment and he said no. Resident C said that staff takes him to his appointments and takes him for his injection. Resident C told me that he is diagnosed with bipolar disorder, anxiety, and schizophrenia and he does not have community access.

On 07/30/24, I conducted another onsite inspection at Beacon Home at Linden and interviewed the home manager (HM), Jackie Wilson. HM Wilson said that she is aware that a complaint was made regarding Resident C not receiving his injection but said that she was not the home manager at the time. HM Wilson said that she is not aware that staff ever failed to transport Resident C for his psychotropic injection and said to her knowledge, Resident C has never missed an appointment for his injection. She said that when staff takes Resident C for his injection, they are supposed to bring a provider contact sheet which the nurse fills out. HM Wilson said that she was told that staff did bring Resident C to his injection appointment in July but they failed to bring a provider contact sheet so there is no documentation of the visit. While at the facility, HM Wilson provided me with the medication administration records (MAR) for Resident C from March – June 2024.

According to Resident C's MAR, he receives 100mg of Haldol via injection every 30 days by the Gensee Health System (GHS) CMH nurse.

On 08/21/24, I reviewed AFC documentation related to this complaint. Resident C was admitted to this facility on 12/10/19. According to his Health Care Appraisal dated 07/17/24, he is diagnosed with schizophrenia, bipolar disorder and insomnia. According to his medication log summary (MLS), as of 07/15/24 he is supposed to receive 100mg of Haldol via injection every 30 days. I reviewed a provider contact sheet dated 08/01/24 completed by staff, Tahjah Dixon. According to this document, Staff Dixon took Resident C for his Haldol injection on 08/01/24 at 11am. Resident C's next injection is due 08/29/24.

I have attempted to contact Resident C's case manager on numerous occasions. As of 08/21/24, she has not returned my messages.

APPLICABLE RULE	
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: **(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.**
ANALYSIS:	Resident C told me that staff takes him to receive his monthly psychotropic injections and he has never missed an injection appointment. HM Jackie Wilson said to her knowledge, staff has never failed to take Resident C for his monthly psychotropic injection. According to Resident C's MAR, he receives 100mg of Haldol via injection every 30 days by the GHS CMH nurse. According to his medication log summary (MLS), as of 07/15/24 he is supposed to receive 100mg of Haldol via injection every 30 days. I reviewed a provider contact sheet dated 08/01/24 completed by staff, Tahjah Dixon. According to this document, Staff Dixon took Resident C for his Haldol injection on 08/01/24 at 11am. His next injection is due 08/29/24. I have no documentation stating that Resident C failed to miss any of his psychotropic injections or that he received his injection late. I conclude that there is insufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ADDITIONAL FINDINGS:

INVESTIGATION: On 07/30/24, during my investigation, I conducted an onsite inspection of Beacon Home at Linden Adult Foster Care facility. According to the home manager (HM), Jackie Wilson, when staff takes Resident C for his injection, they are supposed to bring a provider contact sheet which the nurse fills out. HM Wilson said

that she was told that staff did bring Resident C to his injection appointment in July but they failed to bring a provider contact sheet so there is no documentation of the visit.

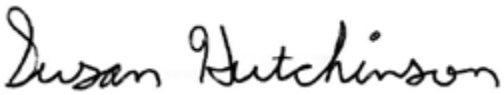
According to the director of compliance (DOC), Andrea Lapp, the facility is unable to locate any documentation of Resident C receiving his injections from January – July 2024. DOC Lapp said that the current home manager, Jackie Wilson is now managing the home and she will ensure that all documentation is completed and retained.

On 08/21/24, I conducted an exit conference with the licensee designee (LD), Ramon Beltran. I discussed the findings of my investigation and explained which rule violation I am substantiating. LD Beltran confirmed that the facility's home manager, Jackie Wilson, is ensuring that staff is obtaining all documentation of Resident C's monthly injections and this documentation is being retained in his file.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(11) A licensee shall contact a resident's physician for instructions as to the care of the resident if the resident requires the care of a physician while living in the home. A licensee shall record, in the resident's record, any instructions for the care of the resident.
ANALYSIS:	HM Wilson said that she was told that staff did bring Resident C to his injection appointment in July but they failed to bring a provider contact sheet so there is no documentation of the visit. According to the director of compliance (DOC), Andrea Lapp, the facility is unable to locate any documentation of Resident C receiving his injections from January – July 2024. DOC Lapp said that the current home manager, Jackie Wilson is now managing the home and she will ensure that all documentation is completed and retained. I conclude that there is sufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

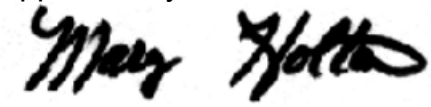
Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.



August 21, 2024

Susan Hutchinson Licensing Consultant	Date

Approved By:



August 21, 2024

Mary E. Holton Area Manager	Date