



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 4, 2024

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

RE: License #: AM590387878  
**Beacon Home At The Lodge**  
**1550 E. Colby Road**  
**Stanton, MI 48888**

Dear Ms. Hunter:

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 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 (517) 284-9730.

Sincerely,

A handwritten signature in dark ink, appearing to read "Amanda Blasius".

Amanda Blasius, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM590387878
<b>Licensee Name:</b>	Beacon Specialized Living Services, Inc.
<b>Licensee Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Licensee Telephone #:</b>	(269) 427-8400
<b>Licensee/Licensee Designee:</b>	Suzanne Hunter Designee
<b>Administrator:</b>	Katrina Pierce
<b>Name of Facility:</b>	Beacon Home At The Lodge
<b>Facility Address:</b>	1550 E. Colby Road Stanton, MI 48888
<b>Facility Telephone #:</b>	(989) 831-0626
<b>Original Issuance Date:</b>	04/17/2018
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/03/2024

Date of Bureau of Fire Services Inspection if applicable: 02/09/2024

Date of Health Authority Inspection if applicable: 09/11/2024

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 8

No. of others interviewed Role:

- 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:  
08/29/24: 312 (6), 304 (1)(o), 7/31/24: 401 (1), 6/5/23: 310 91) (b), 312 (1) N/A  
☐
- Number of excluded employees followed-up? Yes N/A ☐
- Variances? Yes ☒ (please explain) No ☐ N/A ☐  
315 (3) and 304 1(b)

### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

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

### **IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

A handwritten signature in dark ink, appearing to read 'Amanda Blasius', is written over a faint horizontal line.

10/08/2024

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Amanda Blasius  
Licensing Consultant

Date