GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 19, 2024

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

RE: License #: AM800267886
Investigation #: 2025A1031009
Beacon Home at Anchor Point South

Dear Ms. VanNiman:

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 (616) 356-0183.

Sincerely,

Kristy Duda, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N.W. Unit 13, 7th Floor
Grand Rapids, MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM800267886
Investigation #:	2025A1031009
Complaint Receipt Date:	09/24/2024
Investigation Initiation Date:	09/26/2024
Report Due Date:	11/23/2024
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator/Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Anchor Point North
Facility Address:	28720 63rd Street Bangor, MI 49013
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	08/03/2005
License Status:	REGULAR
Effective Date:	04/24/2024
Expiration Date:	04/23/2026
Capacity:	10
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Resident A was not provided with appropriate supervision.	Yes

III. METHODOLOGY

09/24/2024	Special Investigation Intake 2025A1031009
09/26/2024	Special Investigation Initiated - Letter Email Exchange with Tasha Stewart.
09/26/2024	APS Referral
09/30/2024	Contact - Document Sent Email exchange with Tasha Stewart.
10/02/2024	Contact - Telephone call made Interview with Nicole VanNiman.
10/14/2024	Contact - Document Sent Email exchange with Tasha Stewart.
10/17/2024	Inspection Completed On-site
10/18/2024	Contact - Document Sent Email exchange with Tasha Stewart.
10/30/2024	Contact - Document Sent Documents Requested.
10/30/2024	Exit Conference Nichole VanNiman.

ALLEGATION:

Resident A was not provided with appropriate supervision.

INVESTIGATION:

On 9/30/24, I exchanged emails with recipient rights officer Tasha Stewart. Ms. Stewart reported Resident A eloped from the facility on three occasions. Ms. Stewart

reported Resident A requires 1:1 staffing per his behavior management plan and the facility failed to provide appropriate supervision.

On 9/30/24, I received and reviewed incident reports dated 8/9/24, 9/24/24, and 9/25/24 completed by the facility regarding Resident A eloping. Resident A eloped from the home multiple times which all resulted with him being arrested due to inappropriate behaviors in the community which included breaking into a neighboring house and behavioral outbursts at a local restaurant.

On 10/2/24, I interviewed licensee designee Nichole VanNiman via telephone. Ms. VanNiman confirmed that Resident A is supposed to have a 1:1 staff at all times. Ms. VanNiman reported Resident A did elope from the facility on multiple occasions due to staff not providing appropriate supervision. Ms. VanNiman reported the facility has taken corrective measures and staff were terminated from employment.

On 10/18/24, I exchanged emails with Ms. Stewart. Ms. Stewart reported Resident A was moved to another facility due to his frequent elopements and safety risks.

On 10/30/24, I reviewed the 1:1 staff schedule for Resident A and written statements completed by employees in the home. Multiple staff reported when they were informed Resident A was not in the home, they were not able to locate Resident A's 1:1 staff.

APPLICABLE RULE	
R 400.14206	**Staffing requirements.**
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Interviews and the review of documentation determined the facility did have sufficient staff on duty. However, staff scheduled as Resident A's 1:1 failed to perform their duties and did not provide supervision and services as specified in Resident A's assessment plan.
CONCLUSION:	**VIOLATION ESTABLISHED**

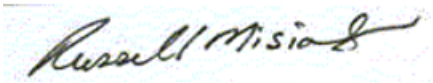
IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, it is recommended that the status of the license remain unchanged.

11/19/24

Kristy Duda — Date
Licensing Consultant

Approved By:



11/19/24

Russell B. Misiak — Date
Area Manager