GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 25, 2025

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

RE: License #:	AS250413017
Investigation #:	2025A0872018
	Beacon Home At Lennon

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 #:	AS250413017
Investigation #:	2025A0872018
Complaint Receipt Date:	01/13/2025
Investigation Initiation Date:	01/16/2025
Report Due Date:	03/14/2025
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 Lennon
Facility Address:	5328 Lennon Rd Swartz Creek, MI 48473
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	11/29/2022
License Status:	REGULAR
Effective Date:	05/29/2023
Expiration Date:	05/28/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff is not administering Resident A's medication properly and she is not getting all medications prescribed.	Yes

III. METHODOLOGY

01/13/2025	Special Investigation Intake 2025A0872018
01/13/2025	APS Referral This complaint was referred by APS but was not assigned for investigation
01/16/2025	Special Investigation Initiated - On Site Unannounced
02/07/2025	Contact - Document Sent I emailed the licensee designee requesting information related to this complaint
02/13/2025	Contact - Document Received I received AFC documentation from the LD regarding this complaint
02/25/2025	Inspection Completed-BCAL Sub. Compliance
02/25/2025	Exit Conference I conducted an exit conference with the licensee designee, Ramon Beltran

ALLEGATION: Staff is not administering Resident A's medication properly and she is not getting all medications prescribed.

INVESTIGATION: On 01/16/24, I conducted an unannounced onsite inspection at Beacon Home at Lennon. I interviewed Resident A.

Resident A said that she has lived at this facility for several years. Resident A said that typically staff administers Resident A’s medications as prescribed. However, if Resident A is hospitalized for mental health issues, and if the hospital doctors change Resident A’s medications, the medications are not immediately available to her at the facility.

According to Resident A, she was last hospitalized in December 2024. When Resident A was discharged, Resident A was prescribed Vraylar but the facility did not obtain and begin administering the Vraylar until January 2025.

On 02/24/2025, I reviewed AFC documentation related to this complaint. According to Resident A's Health Care Appraisal, she is diagnosed with alcohol use disorder, cannabis use disorder, schizoaffective disorder, bipolar type, and post-traumatic stress disorder. I reviewed Resident A's medication list dated 01/11/24 and compared it to her medication list dated 02/10/25. I noted that the following medications were added:

- 10/16/2024: trazadone, 50mg tablet by mouth at bedtime 1x per day
- 10/16/2024: Colace, 100mg capsule by mouth at bedtime 1x per day
- 02/05/2025: haloperidol, 5mg tablet by mouth every 12 hours for 14 days, then ½ tablet every 12 hours for 14 days
- Vraylar, 1.5mg capsule by mouth once per day at bedtime (the date of the order is not indicated on the medication list)

I reviewed Resident A's medication administration logs from November 2024 through February 2025. I noted that her medication logs indicated that trazadone, 50mg tablet was a PRN prescribed "as needed for insomnia" and was not administered in November, December, January, or February.

Resident A's medication logs indicated that her Colace and haloperidol were administered as prescribed.

According to Resident A's medication log, staff began administering her Vraylar on January 8, 2025, and it has been administered as prescribed through February 2025.

On 02/25/2025, I conducted an exit conference with the licensee designee (LD), Ramon Beltran via telephone. I discussed the results of my investigation and explained which rule violation I am substantiating. I told him the errors I found comparing the medication list to Resident A's medication administration logs. LD Beltran agreed to contact the facility's home manager and ask her to do a review of all residents' medication lists vs. their medication logs. LD Beltran also told me that this facility will be implementing a new electronic medication system in hopes of avoiding future medication errors.

APPLICABLE RULE	
R 400.14312	**Resident medications.**
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan

	Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
ANALYSIS:	Resident A said that she was hospitalized in December 2024 and when she was discharged, she was prescribed Vraylar. However, the facility did not obtain and administer the Vraylar until January 2025. According to Resident A's medication list, she was prescribed Vraylar but the date of the order was not noted. According to her medication administration record, staff began administering this medication as prescribed on January 8, 2025. According to Resident A's medication list, on 10/16/2024, she was prescribed trazadone, 50mg tablet by mouth at bedtime 1x per day. Resident A's medication logs indicated that trazadone, 50mg tablet was a PRN prescribed "as needed for insomnia" and was not administered in November, December, January, or February. I conclude that there is sufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

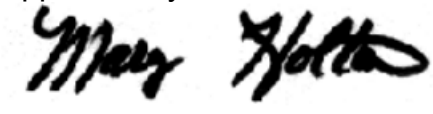
IV. RECOMMENDATION

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

February 25, 2025

Susan Hutchinson Licensing Consultant	Date

Approved By:



February 25, 2025

Mary E. Holton Area Manager	Date