



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 17, 2025

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

RE: License #: AS390406170  
Investigation #: 2025A0578019  
Beacon Home at Wolf Lake

Dear Nichole 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 (517) 284-9727.

Sincerely,

A handwritten signature in black ink, appearing to read 'Eli DeLeon', with a stylized, cursive script.

Eli DeLeon, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(269) 251-4091

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS390406170
<b>Investigation #:</b>	2025A0578019
<b>Complaint Receipt Date:</b>	02/26/2025
<b>Investigation Initiation Date:</b>	02/26/2025
<b>Report Due Date:</b>	04/27/2025
<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>Administrator:</b>	Nichole VanNiman
<b>Licensee Designee:</b>	Nichole VanNiman
<b>Name of Facility:</b>	Beacon Home at Wolf Lake
<b>Facility Address:</b>	10633 W. J Ave. Kalamazoo, MI 49009
<b>Facility Telephone #:</b>	(269) 353-1809
<b>Original Issuance Date:</b>	05/05/2021
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	11/05/2023
<b>Expiration Date:</b>	11/04/2025
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. ALLEGATION(S)

	Violation Established?
This facility has several smoke detectors that failed an alarm inspection.	Yes

## III. METHODOLOGY

02/26/2025	Special Investigation Intake 2025A0578019
02/26/2025	Special Investigation Initiated - On Site
02/26/2025	APS Referral
02/26/2025	Contact-Document Reviewed - <i>Annual Fire Alarm Report</i> completed on 02/24/2025.
02/26/2025	Special Investigation Completed On-site.
02/26/2025	Special Investigation Completed On-site. -Interview with direct care staff Taylor Cicala and direct care staff Kennedy Hill.
02/26/2025	Contact-Telephone -Interview with licensee designee Nichole VanNiman.
04/17/2025	Exit Conference -With licensee designee Nichole VanNiman.

**ALLEGATION:** This facility has several smoke detectors that failed an alarm inspection.

### INVESTIGATION:

On 02/26/2025, I received this complaint by telephone. Complainant reported this facility recently completed an annual fire alarm inspection. Complainant reported several smoke detectors were not functioning normally and several batteries had to be replaced.

On 02/26/2025, I reviewed the details of the allegations with Bureau of Fire Services fire marshall inspector Ken Howe. Ken Howe reported being informed by Oshtemo Township Fire Department this facility has several smoke detectors that were inoperable during an annual fire alarm inspection. Ken Howe reported it was

unknown how long these alarms were inoperable at this facility. Ken Howe reported it was unknown if these inoperable smoke detectors were replaced.

On 02/26/2025, I reviewed the details of the allegations with Oshtemo Township Fire Department captain Scott Fuller. Scott Fuller confirmed Oshtemo Township Fire Department received an *Annual Fire Alarm Report* indicating several smoke detectors were not operating properly at this facility. Scott Fuller reported he would provide copies of this *Annual Fire Alarm Report*.

On 02/26/2025, I reviewed an *Annual Fire Alarm Report* provided by Oshtemo Township Fire Department captain Scott Fuller. The *Annual Fire Alarm Report* for this facility was completed by CertaSite, LLC on 02/24/2025. The *Annual Fire Alarm Report* for this facility documented that two ESL 429CST smoke detectors had internal sounders that failed, and one 2WT-B smoke detector had an internal sounder that failed. The *Annual Fire Alarm Report* for this facility documented that three 12v7ah batteries were due for replacement on the fire alarm panel.

On 02/26/2025, I completed an unannounced investigation on-site at this facility and interviewed direct care staff Taylor Cicala regarding the allegations. Taylor Cicala was unaware of the allegations but confirmed that fire drills are completed at this facility every month across multiple work shifts.

While at the facility, I interviewed direct care staff Kennedy Hill. Kennedy Hill denied being aware of the allegations but confirmed that smoke detectors at this facility were inspected just a few days ago. Kennedy Hill confirmed that fire drills are completed at this facility every month and that prior to completing these fire drills, the fire alarm company is notified to avoid having the fire department sent to this facility.

While at the facility, I inspected the fire alarm panel for this facility and noted no warning or flashing indicator lights, and observed only a green, solid-state light for the fire alarm panel.

While at the facility, I reviewed the fire drills for November, December, January, and February of 2025 and found them to be complete with no indication of any maintenance issues reported by CertaSite, LLC.

On 02/26/2025, I interviewed licensee designee Nichole VanNiman regarding the allegations. Nichole VanNiman denied being aware of the allegations and reported being present with Mark Schwartz, maintenance staff. Mark Schwartz reported these smoke detectors are tested and inspected by maintenance monthly, but the inoperable smoke detectors would be replaced immediately.

On 04/17/2025, I completed an exit conference with licensee designee Nichole VanNiman. Nichole VanNiman clarified the service contract with CertaSite, LLC was ended when this facility was purchased from another licensee. Nichole VanNiman reported CertaSite, LLC was upset with the ending of this contract as they serviced

several facilities. Nichole VanNiman reported CertaSite no longer had a contract when this alarm inspection was provided. Nichole VanNiman clarified the corrective action plan requested would include how smoke detectors are maintained at this facility.

<b>APPLICABLE RULE</b>	
<b>R 400.14505</b>	<b>Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.</b>
	<b>(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.</b>
<b>ANALYSIS:</b>	Based upon my investigation, which consisted of interviews with Bureau of Fire Services fire marshall inspector Ken Howe, Oshtemo Township Fire Department captain Scott Fuller, direct care staff Taylor Cicala, and direct care staff Kennedy Hill, as well as a review of pertinent documentation relevant to this investigation, several of the smoke detectors in this facility did not have functioning sounders and were not maintained in an operable state.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable written plan of correction, it is recommended that this license continues on regular status.



04/17/2025

Eli DeLeon  
Licensing Consultant

Date

Approved By:



04/17/2025

Dawn N. Timm  
Area Manager

Date