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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

June 6, 2025

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

RE: License #: AS580394004

Beacon Home At Carleton 13426 Capernall Road Carleton, MI 48117

### Dear Mr. Beltran:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (313) 456-0439.

Sincerely,

Pandrea Robinson, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100

3026 W. Grand Blvd Detroit, MI 48202 (313) 319-9682

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

### I. IDENTIFYING INFORMATION

**License #:** AS580394004

**Licensee Name:** Beacon Specialized Living Services, Inc.

Licensee Address: Suite 110

890 N. 10th St.

Kalamazoo, MI 49009

**Licensee Telephone #:** (269) 427-8400

Licensee/Licensee Designee: Ramon Beltran

Administrator: Ramon Beltran

Name of Facility: Beacon Home At Carleton

Facility Address: 13426 Capernall Road

Carleton, MI 48117

**Facility Telephone #:** (734) 587-6056

Original Issuance Date: 11/13/2018

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED

MENTALLY ILL

# **II. METHODS OF INSPECTION**

Date	e of On-site Inspection(s):	06/04/2	2025
Date	e of Bureau of Fire Services Inspection if appl	licable:	
Date	e of Health Authority Inspection if applicable:	01/28/20	)25
No.	of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed Role:		3 5
•	Medication pass / simulated pass observed?	Yes ⊠	〗No □ If no, explain.
•	Medication(s) and medication record(s) review	wed? \	∕es ⊠ No □ If no, explain.
•	Resident funds and associated documents reviewed for at least one resident? Yes $\boxtimes$ No $\square$ If no, explain.  Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain.  Residents had eaten prior to inspection.  Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.		
•	Fire safety equipment and practices observe	d? Yes	No □ If no, explain.
•	E-scores reviewed? (Special Certification Or If no, explain.  Water temperatures checked? Yes ⊠ No [	• ,	
•	Incident report follow-up? Yes ⊠ No ☐ If	no, expl	ain.
•	Corrective action plan compliance verified? CAP dated 04/28/2023 Rule 803(6) N/A  Number of excluded employees followed-up		CAP date/s and rule/s: N/A ⊠
•	Variances? Yes ⊠ (please explain) No ☐ Rule 315	N/A	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

## R 330.1803 Facility environment; fire safety.

- (6) Evacuation assessments shall be conducted within 30 days after the admission of each new client and at least annually thereafter. The specialized program shall forward a copy of each completed assessment to the responsible agency and retain a copy in the home for inspection. A home that is assessed as having an evacuation difficulty index of "impractical" using appendix f of the life safety code of the national fire protection association shall have a period of 6 months from the date of the finding to do either of the following:
- (a) Improve the score to at least the "slow" category.
- (b) Bring the home into compliance with the physical plant standards for "impractical" homes contained in chapter 21 of the 1985 life safety code of the national fi re protection association, which are adopted by reference in these rules and which may be obtained from the Department of Mental Health, Lewis Cass Building, Lansing, MI 48913, at cost, or from the National Fire Protection Association Library, Battermarch Park, P.O. Box 9101, Quincy, Massachusetts 02269-9101, 1-800-344-3555. A prepaid fee may be required by the national fi re protection association for a copy of the chapter 21 standards. A price quote for copying of these pages may be obtained from the national fi re protection association

At the time of inspection, I observed that complete evacuation assessments were not completed within 30 days of admission for Resident A (admission date 07/20/23), Resident B (admission date 05/02/24), Resident C (admission date 08/08/24) and Resident D (admission date 03/07/25). The evacuation assessments did not contain the F1 (side 1) or F1 (side 2) for all of the residents as required for each evacuation assessment.

<sup>\*</sup>Repeat violation established; LSR dated 04/19/23; CAP dated 04/28/23.\*

# IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Pandrea Robinson Licensing Consultant 06/06/25 Date