GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 1, 2025

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

RE: License #: AM800267886
Investigation #: 2025A1031017
Beacon Home at Anchor Point South

Dear Licensee Designee:

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 #:	2025A1031017
Complaint Receipt Date:	01/08/2025
Investigation Initiation Date:	01/09/2025
Report Due Date:	03/09/2025
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator/Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Anchor Point South
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 AGED TRAUMATICALLY BRAIN INJURED

II. ALLEGATION(S)

	Violation Established?
Staff did not provide appropriate supervision for Resident A and B.	Yes

III. METHODOLOGY

01/08/2025	Special Investigation Intake 2025A1031017
01/08/2025	APS Referral
01/08/2025	Special Investigation Initiated - Inspection Completed On-site
01/08/2025	Contact - Face to Face Interview Resident A and Israel Baker.
01/09/2025	Contact - Email Exchange with Kristina Potesta.
1/16/2025	Contact - Document Requested and Received.
01/23/2025	Contact - Face to Face Interview with Isreal Baker.
01/30/2025	Contact - Telephone Interview with Linda Graham.
01/30/2025	Contact - Voicemail left with Jerome White and Jessie Ballard.
02/18/2025	Contact - Face to Face Interview with Resident A and Israel Baker.
03/04/2025	Contact - Email exchange with Kristina Potesta.
03/18/2025	Contact - Face to Face Interview with Johnny Jackson, Joseph Waller, and Theodore Nicolet.
04/01/2025	Contact – Email Exchange with Lindsey Taylor.
04/29/2025	Exit Conference held with Nichole VanNiman.

ALLEGATION:

Staff did not provide appropriate supervision for Resident A and B.

INVESTIGATION:

On 1/8/25, I interviewed district manager Israel Baker at the facility. Mr. Baker reported Resident A did leave the facility and was located at the neighboring facility. Mr. Baker reported Resident A had not required 1:1 supervision after 9pm.

On 1/8/25, Resident A was not available to be interviewed as he was on an outing.

On 1/9/25, I sent an email to recipient rights officer Kristina Potesta. Ms. Potesta reported she received an incident report about Resident A leaving the facility. Ms. Potesta included the incident report as in attachment within the email.

On 1/9/25, I reviewed the incident report dated 1/3/25. The report read that direct care worker Jerome White conducted bed checks at 9:05pm and Resident A was in his bedroom. Bed checks were completed again and Mr. White noticed Resident A was not in their bedroom and checked other resident's bedrooms and bathrooms. Staff notified the lead worker that Resident A was missing. Staff located Resident A and Resident A returned to the home at 9:45pm. Resident A was located walking between the facilities on campus. Actions taken by staff included increasing safety checks due to him leaving the facility.

On 1/16/25, I received and reviewed Resident A's *Assessment Plan for AFC Residents* dated 1/9/24 and *Individual Plan of Service (IPOS)* dated 3/13/24. The assessment read that Resident A required 12 hours of enhanced supervision due to health and safety needs for himself and others. The IPOS read that Resident A had aggressive behaviors and a history of property destruction that required him to be monitored by staff at all times. Resident A has enhanced 1:1 staffing for 12 hours daily during 9am to 9pm.

On 1/23/25, I attempted to interview Resident A, and he did not want to engage in the interview process.

On 1/23/25, I interviewed Mr. Baker at the facility. Mr. Baker informed me of an incident that occurred at an attached but separately licensed AFC facility. Mr. Baker reported DCW Jessie Ballard was assigned to Anchor Point South facility and left to provide assistance at Anchor Point North where he was not scheduled. Mr. Baker reported Mr. Ballard was assigned to Resident B who resides in Anchor Point South that required 1:1 staffing.

On 1/30/25, I interviewed DCW Linda Graham via telephone. Ms. Graham reported she was responsible for supervising two residents in Anchor Point South. Ms. Graham admitted to leaving the individuals unsupervised while she managed an incident occurring in Anchor Point North facility.

On 1/30/25, I left a voicemail with DCW Jerome White. As of the writing of this report, Mr. White did not respond to my request to interview.

On 2/18/25, I interviewed Mr. Baker at the Anchor Point South facility. Mr. Baker was consistent in reporting that Resident A walked to a neighboring facility. Mr. Baker reported Resident A of Anchor Point South facility has a friend at Wavecrest facility where he liked to get soda pop from. Mr. Baker again reported that Resident A does not require a 1:1 staff after 9pm and bed checks were completed every hour or less per policy. Mr. Baker reported Resident B of Anchor Point South facility does require 1:1 supervision and Mr. Ballard left him alone when he went to the Anchor Point North facility.

On 3/4/25, I received an email from Ms. Potesta that read she substantiated for Neglect Class III through recipient rights. Ms. Potesta reported Resident A requires 24/7 supervision and monitoring per his treatment plan. Ms. Potesta reported "note that 24/7 monitoring and supervision is knowing the general whereabouts of the recipient, whereas 1:1 staffing is usually within arm's reach or in sight. While his enhanced staffing ended at 9pm, staff were still responsible for knowing his general whereabouts, which they did not. Staff were unaware of his whereabouts for approximately 45 minutes." Ms. Potesta reported that it was unclear whether Resident A eloped prior to his enhanced staffing or after.

On 3/18/25, I interviewed DCW Johnny Jackson, Joseph Waller, and Theodore Nicolet.

Mr. Jackson reported there are two licensed facilities located in one building which is referred to as "North" and "South". Mr. Jackson reported on 1/19/25 he was scheduled to work at the North facility. Mr. Jackson reported Mr. Ballard was scheduled as a 1:1 staff at the South facility but came over to the North facility. Mr. Ballard did not have Resident B with him. Mr. Jackson reported Mr. Ballard then asked him to go locate Resident B as he had left him alone. Mr. Jackson reported he then went to search for Resident B at the South facility and he was found to be unattended.

Mr. Waller and Mr. Nicolet both reported that Mr. Ballard was not scheduled to work at the North facility. They both reported Mr. Ballard was assigned Resident B and he did not have Resident B with him. They both reported they heard Mr. Ballard ask other staff to go locate Resident B as he was assigned to him.

On 4/1/25, I reviewed Resident B's *Assessment Plan for AFC Residents* dated 6/27/24. The assessment read that Resident B requires 24 hour 1:1 supervision until 3/11/25 due to a court order. It further read that Resident B had a history of elopement.

On 4/1/25, I exchanged emails with adult protective services worker Lindsey Taylor. Ms. Taylor reported she did conduct an investigation and did not find any evidence to support that Resident A was neglected or abused.

APPLICABLE RULE	
R 330.1806	**Staffing levels and qualifications.**
	(1) Staffing levels shall be sufficient to implement the individual plans of service and plans of service shall be implemented for individuals residing in the facility.
ANALYSIS:	Based on interviews with staff and the review of documentation, it has been determined that Resident A and Resident B were not provided with appropriate supervision as required by their individual plans of service. Staff did not notice Resident A had left the facility and subsequently his whereabouts were unknown until he was located at the neighboring facility. Mr. Ballard was assigned to Resident B for 1:1 staffing and left Resident B unattended. Staff reported Mr. Ballard was aware that he had left Resident B unattended as he requested for another staff to help locate him. Ms. Graham admitted to leaving the individuals unsupervised while she managed an incident occurring in the other licensed facility from which she was not assigned.
CONCLUSION:	**VIOLATION ESTABLISHED**

An exit conference was held with Ms. VanNiman on 4/29/25. Ms. VanNiman reported she was aware of the alleged incident and the facility will complete a corrective action plan as soon as possible.

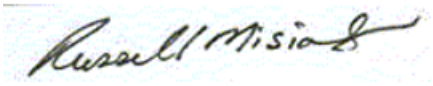
IV. RECOMMENDATION

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

4/1/25

Kristy Duda Date
Licensing Consultant

Approved By:



4/24/25

_____

Russell B. Misiak Date
Area Manager

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 14, 2025

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

RE: License #: AM800267886
RE: SI LOG #: 2025A1031017
Beacon Home at Anchor Point South
28720 63rd Street
Bangor, MI 49013

Dear Ms. VanNiman:

This letter is to advise you that the 05/08/2025 corrective action plan you submitted, regarding each rule violation cited in the recently completed Special Investigation Report, is approved.

To verify your implementation and compliance with this corrective action plan:

- *You are to submit documentation of compliance by 6/1/25.*

It is expected that the corrective action plan will be implemented within the time frames as outlined in your plan.

A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

The office provides technical assistance to meet the licensing requirements and consultation to improve services. 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 (616) 356-0100.

Sincerely,

KDuda

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

BEACON
Specialized Living

May 8, 2025

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

Re: Beacon Home – Anchor Pointe South
License # AM800267886

Dear Mrs. Duda,
This letter is in response to your recent investigation at Beacon Home at Anchor Pointe South, which requires a corrective action plan.

Beacon takes situations like this seriously. The following actions will take place:

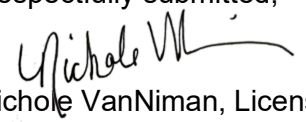
R 330.1806 Staffing levels and qualifications.
(1) Staffing levels shall be sufficient to implement the individual plans of service, and plans of service shall be implemented for individuals residing in the facility

- Staff member Jessie Ballard was suspended on 01/19/25 and ultimately, he was terminated on 04/01/2025. Proof of action is included.
- All staff at Anchor Pointe will review the 1:1 process. The assigned Care Team Manager (CTM) is responsible for ensuring that all staffing ratios are met and that assignments align with the support plans of the individuals who reside in the home. Proof of action will be submitted no later than May 23, 2025.
- Beacon takes a strong stance on ensuring that our individuals served are staffed appropriately, and staff are aware of the process of being on a 1:1.
- The Assistant Vice President, Israel Baker, and the Vice President of Operations, Nichole VanNiman, will continue to work with staff and the management team on the 1:1 process, the exchange of a 1:1 when a crisis occurs, and maintaining the proper distance per the Behavior Treatment Plan (BTP).

Please let me know if anything else is needed for this corrective action plan.

As Licensing Designee, Nichole VanNiman will continue monitoring compliance with the abovementioned steps.

Respectfully submitted,



Nichole VanNiman, Licensee Designee

License # AM800267886
Investigation # 2025A1031017

Facility Name Anchor Point South

AFC-HFA
BCAL - CODE SHEET

[PLEASE ADD ANOTHER PAGE IF MORE ROOM IS NEEDED]

Witness/Employee Name

Code Name/#	Name	DOB	Address	Phone #	SSN

Resident Name

Resident Code	Resident Name	DOB	Soc Sec #	Responsible Person	Telephone	Responsible Agency	Telephone
Resident A	Joseph Morgan						
Resident B	Anthony VanHees						
Resident C							
Resident D							

ASSESSMENT PLAN FOR AFC RESIDENTS
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

INSTRUCTIONS:

1. A written assessment plan is required. The licensee is responsible for assuring that a written assessment plan is completed.
2. This form has been approved by the Department of Licensing and Regulatory Affairs and contains the information required by administrative rule and Section 3 (9) of 1979 P.A. 218.
3. This form is to be completed by the licensee and resident, or the resident's designated representative. The responsible agency, if any, may assist in this process.
4. Use additional sheets if necessary and PRINT CLEARLY.

Name of Resident	Name of Designated Representative (if applicable)	Date of Birth	Sex
Anthony Van Hees	Tri State Guardian	11/14/1991	☑ M ☐ F

I. SOCIAL/BEHAVIORAL ASSESSMENT PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

	Yes	No	IF NO, Describe Needs and How They Will Be Met
A. Moves Independently in Community	☐	☐	Anthony doesn't move independently in the community. See BTP for details.
B. Communicates Needs	☑	☐	24 hour enhanced Staffing granted for 8.12.24 to 9-11-24 (BSW 8-13-24) 24 hour enhanced Staffing extended due to court order 9-12-24 to 3-11-25 (BSW 9-16-24) Anthony is able to communicate his needs to Staff.
C. Understands Verbal Communication	☑	☐	Anthony understands verbal communication.
D. Alert to Surroundings	☑	☐	Anthony is alert to his surroundings.
E. Reads and Writes	☑	☐	Anthony has limited reading and writing skills.
F. Tells Time	☑	☐	Anthony is able to tell time.
G. Manages Money	☐	☑	Anthony currently has a payee to help with Money management.
H. Follows Instructions	☐	☑	Anthony has a history of elopement to seek Drugs and Alcohol.
I. Controls Aggressive Behavior	☑	☐	No History of physical aggression towards others.
J. Controls Sexual Behavior	☑	☐	No history of Sexually Inappropriate behaviors.
K. Gets Along With Others	☑	☐	No history of physical aggression.
L. Exhibits Self Injurious Behavior	☑	☐	Anthony will indicate that he is suicidal to obtain admission to the hospital.
M. Participants in Social Activities	☑	☐	Anthony likes to participate in outings like going out to eat and Dollar General.
N. Smokes	☑	☐	Anthony Smokes cigarettes, Staff will hold and administer lights for cigarettes.
O. Appropriately Uses Alcohol/Drugs	☐	☑	Anthony has a history of elopement to seek Drugs and Alcohol.

See Page 4 for Non-discrimination and ADA statement

Continued on Next Page

II. SELF CARE SKILL ASSESSMENT

	Needs Help		PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)
	Yes	No	IF YES, Describe Needs and How The Will Be Met
A. Eating/Feeding	☐	☑	
B. Toileting	☑	☐	Anthony requires Incontinence Briefs
C. Bathing	☑	☐	Needs daily prompting to shower and attend ADL's
D. Grooming (hair care, teeth, nails, etc.)	☑	☐	Needs daily prompting to complete ADL's
E. Dressing	☑	☐	Needs daily prompting to shower and attend ADL's
F. Personal Hygiene	☑	☐	Needs daily prompting to complete ADL's
G. Walking/Mobility	☐	☑	
H. Stair climbing	☐	☑	
I. Use of Prosthesis (Dentures, Artificial limbs, etc.)	☐	☑	
J. Use of Assistive Devices (explain)	☐	☑	
K. Other (explain)	☐	☑	

III. HEALTH CARE ASSESSMENT

	Yes	No	PLAN OF ACTION (Check Yes or No and Complete Where Appropriate) IF YES, Describe Needs and How They Will Be Met
A. Taking medication	☑	☐	Staff will hold and administer all Anthony's medications.
B. Special Diets	☐	☑	Regular 2400 Calorie Diet
C. Physical Limitations	☐	☑	
D. Special Equipment Used (Wheel chair, Walker, Cane, etc.)	☐	☑	
E. Other Difficulties (Vision, Weight, Allergies, etc.)	☐	☑	
F. Susceptible to Hypothermia or Hyperthermia	☐	☑	

Continued on Next Page

IV. SOCIAL AND PROGRAM ACTIVITIES PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

	Yes	No	Explain How These Activities Will Be Provided or Encouraged
A. Participates in Religious Practice	☑	☐	Staff will offer and transport to religious services of choice.
B. Participates in Household Chores	☑	☐	Staff will prompt Anthony to participate in household chores.
C. Adult Activity Program	☑	☐	Staff will prompt and encourage Anthony to participate in activities.
D. Senior Center	☐	☑	
E. Workshop or job	☐	☑	
F. School	☐	☑	
G. Hobbies/Special Interest	☑	☐	Staff will prompt and encourage Anthony to participate in hobbies of choice.
H. Recreation	☑	☐	Staff will prompt and encourage recreational activities.
I. Physical Exercise	☑	☐	Staff will prompt and and encourage daily physical exercise.
J. Family/Friends (Please Address Any Applicable Visitation Prohibitions and/or Other Considerations)	☑	☐	Staff will encourage family and friend involvement.
K. Other (explain)	☐	☑	

V. MEDICAL INFORMATION

Name of Primary Physician/Clinic			Telephone Number
Dr Bahram Elami (Primary Care)			(269) 327-3700
Primary Physician's Complete Address (Street Number and Name)	City	State	Zip Code
103 S Jackson St Suite 200	Jackson	MI	49201

V. MEDICATIONS TAKEN AT TIME OF ASSESSMENT

Name of Medication	Who Prescribed	Dosage
See Attached		

Continued on Next Page

MEDICAL OR DENTAL FOLLOW-UPS NEEDED (i.e., check-ups, regular appointments, etc.)

VI. RELEASE OF INFORMATION – RESIDENT OR LEGAL GUARDIAN SIGNATURE ONLY

"By signing this form, I understand that I am authorizing the release of medical information concerning me, including information regarding Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV), if applicable, to the licensee and licensee's staff, the responsible agency and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for the purpose of providing appropriate care to me and determining compliance with licensing rules."

Signature of Resident or Legal Guardian	Date
X Kijuana Evans	07/25/24

VII. OTHER INFORMATION

Comments/Special Instructions

If a situation occurs where the safety of Staff or the Residents are in jeopardy, Staff will employ the least restrictive CPI interventions, up to physical interventions as needed as a last resort. All staff has been trained in CPI.

Any continued use of CPI will necessitate a change in the Person-Centered Plan and/or Behavior Plan. If a current Person-Centered Plan or Behavior Plan is in place that gives staff instruction on skills or redirection, etc., these must be used first.

Note: If a resident is from a County that requires CPI use to be in the Person-Centered Plan or Behavior Plan, please contact their recipient rights office prior to implementation, if possible. If not, immediately after use.

VIII. ASSESSMENT PLAN COMPLETION

Date Assessment Plan Was Completed	Name(s) and Position(s) of Person(s) Who Completed Assessment
6/27/2024	Benjamin Sowa-Green

IX. PLACEMENT OBJECTIVE

A. ☐ Delay/prevent deterioration and movement to a more restrictive setting.
B. ☑ Encourage movement to a less restrictive setting.

X. SIGNATURES

Signature of Resident or Designated Representative	Date	Signature of Licensee	Date
X Kijuana Evans	7/25/24	Nichole M	8-13-24
Signature of Responsible Agency (if applicable)	Date		
X Sherry VonHulle	8/8/24		

AUTHORITY: 1979 P.A. 218
COMPLETION: Voluntary
PENALTY: Violation of Administrative Rule and 1979 P.A. 218

☐ LARA is an equal opportunity employer/program.

easterseals | MORC

Easterseals | MORC
Individual Plan of Service

IDENTIFYING INFORMATION			
NAME Anthony M. Van Hees	DOB 11/14/1991	AGE 32	CASE # 122072
ADDRESS Genesis Home 12004 Reimanville Ave, Ferndale, MI 48220			
SERVICE T1017 PC Targeted Case Management		DATE 03/14/2024	TIME 1:00PM - 2:00PM

OCHN CON-ID
769284

MEETING DATE
03/14/2024

PLAN EFFECTIVE DATE
03/14/2024

MEETING LOCATION

MEETING START TIME
1:00PM

THIS PLAN EXPIRES ON
(Maximum of One Year)
03/13/2025

PEOPLE WHO CONTRIBUTED TO MY PERSON-CENTERED PLAN MEETING		
Name	Relationship	Attended Meeting
Merry Mitchell	SRS RN	☐
Guardian and Associates	Guardian	☐
Genesis Home	SRS home	☐
Merry Mitchell	SRS RN	☐
Guardian and Associates	Guardian	☐
Genesis Home	SRS home	☐

DAILY LIVING

STRENGTHS / ABILITIES
Anthony needs prompts and set up to ensure that he maintains good hygiene.

NEEDS
Staff to encourage, prompt and set up for bathing and hygiene.

BARRIERS
Limited insight.

PREFERENCES

LIFE DOMAIN PRIORITY

☐ Not a priority at this time/Deferred
☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
☒ Staff identifies this as an area of concern to be discussed during the planning process
☐ Support Circle identifies this as an area of concern that should be addressed
☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

EMOTIONAL

STRENGTHS / ABILITIES
Anthony has a dx of the following:
Bipolar I dis, most rec epis mixed, severe wo/psyc

NEEDS
Ongoing medication reviews with SRS psychiatrist. Bi monthly,

BARRIERS
No insight

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☒ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

FINANCE

STRENGTHS / ABILITIES

Anthony receives Medicaid and SSI.

NEEDS

Guardian will maintain entitlements.

BARRIERS

No insight.

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☒ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

HEALTH

STRENGTHS / ABILITIES

Hypertension.

NEEDS

Anthony will continue to be seen by his primary health care provider as directed.

BARRIERS

No insight.

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☒ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

HOUSING

STRENGTHS / ABILITIES

Anthony continues to need the support and supervision of an enhanced SRS placement.

NEEDS

Ongoing SRS placement.

BARRIERS

Chronic eloping and substance abuse.

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☒ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

SAFETY

STRENGTHS / ABILITIES

Anthony shares he feels safe at his residence.
Currently Anthony is on a behavior plan with restrictions on community access due to substance abuse.

NEEDS

Ongong behavior plan with community access restrictions.

BARRIERS

No insight.

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☒ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

SOCIAL

STRENGTHS / ABILITIES

Anthony shares that his social interests are. Going out to eat, Dollar Store.

NEEDS

Genesis SRS home will continue to provide social activities.

BARRIERS

None

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☒ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☐ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

SUBSTANCE USE

STRENGTHS / ABILITIES

Anthony will seek out substances of alcohol, cocaine and marijuana.

NEEDS

Ongoing behavior plan those addresses eloping in which he will go out in the community to obtain.

BARRIERS

Substance abuse prompts chronic eloping.

PREFERENCES

LIFE DOMAIN PRIORITY

- ☐ Not a priority at this time/Deferred
- ☐ Individual identifies this as a priority to be carried over to the IPOS and Pre-Plan
- ☒ Staff identifies this as an area of concern to be discussed during the planning process
- ☐ Support Circle identifies this as an area of concern that should be addressed
- ☐ No assessed needs at this time

IF THERE IS A CHANGE IN PRIORITY, PLEASE EXPLAIN WHY.

NEEDS

	Don't need help now	Need a lot of help	Need some help	URGENT Right now
Daily activities	☐	☒	☐	☐
Friendships	☐	☒	☐	☐
Family relationships	☐	☒	☐	☐
Self development	☐	☒	☐	☐

Personal / family enrichment	☐	☒	☐	☐
Housing, including more freedom and choice	☒	☐	☐	☐
Schooling	☒	☐	☐	☐
Community activities (like clubs, groups)	☐	☒	☐	☐
Work, or a better job	☒	☐	☐	☐
Income, or money management skills	☐	☒	☐	☐
Safety concerns	☐	☒	☐	☐
Physical health problems	☐	☒	☐	☐
Legal issues	☒	☐	☐	☐
	Don't need help now	**Need a lot of help**	**Need some help**	**URGENT Right now**
Referral to a primary care doctor	☒	☐	☐	☐
Dental care	☐	☐	☐	☐
Behaviors	☐	☒	☐	☐
Attitudes	☐	☒	☐	☐
Substance Abuse	☐	☒	☐	☐
Medications	☐	☒	☐	☐
Symptoms	☐	☒	☐	☐
Spirituality	☒	☐	☐	☐
Transportation	☒	☐	☐	☐
Childcare	☒	☐	☐	☐
Personal advocacy skills	☐	☒	☐	☐
"Assistive technology" (things like a walker, wheelchair, aids for hearing, Braille boks, interpreter, translation)	☒	☐	☐	☐
OTHER:	☒	☐	☐	☐

ADULTS SPECIALIZED RESIDENTIAL

☐ Adults Specialized Residential Plan Is Not Applicable

SUPPORT STAFF/CAREGIVER EDUCATION AND TRAINING NEEDS

☐ Not Applicable

ACTION

Eden Prairie will provide education and training needs to Genesis home CLS staff.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

INDIVIDUAL MONITORING NEEDS: AWAKE HOURS

☐ Not Applicable

ACTION

Genesis Home will provide 1:3 staffing during awake hours.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

INDIVIDUAL MONITORING NEEDS: IN THE COMMUNITY

☐ Not Applicable

ACTION

Genesis Home will provide 1:3 staffing during times in the community.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

INDIVIDUAL MONITORING NEEDS: SLEEPING

☐ Not Applicable

ACTION

Genesis Home will provide 1:6 staffing during sleeping hours.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

INDIVIDUAL MONITORING NEEDS: EATING

☐ Not Applicable

ACTION

Genesis Home will provide 3 meals per day and snacks.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

INDIVIDUAL MONITORING NEEDS: BATHING

☐ Not Applicable

ACTION

Genesis Home staff will provide reminders and assist with set up.

RESPONSIBLE PERSONS(S)

☑ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

FIRE SAFETY

☐ Not Applicable

ACTION

Genesis home will conduct monthly fire drills per licensing regulations. Home staff will assist safe evacuation from the home.

RESPONSIBLE PERSONS(S)

☑ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

TORNADO SAFETY

☐ Not Applicable

ACTION

Genesis home will conduct monthly tornado drills per licensing regulations. Staff will assist Anthony to the designated shelter area in the home.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

PERSONAL SAFETY RISKS

☐ Not Applicable

ACTION

Genesis home will accompany Anthony at all times in the event of a personal safety risk. Staff will remain with Anthony until a determination is made by medical staff.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

MEDICATION TREATMENT REVIEW COMMITTEE (MTRC)

☑ Not Applicable

ACTION

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☐ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

RIGHTS RESTRICTION DUE PROCESS COMMITTEE (RRDPC)

☑ Not Applicable

ACTION

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☐ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

PERSONAL RECORD KEEPING

☐ Not Applicable

ACTION

SRS CM will review personal record keeping monthly at SRS Home.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

INSERVICE OF THIS PLAN

☐ Not Applicable

ACTION

SRS CM will provide Genesis home staff with inservice on annual IPOS, Crisis Plan and Periodic Reviews.

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☑ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

OTHER

☑ Not Applicable

ACTION

RESPONSIBLE PERSONS(S)

☐ Consumer/Self
☐ Staff
☐ Other:
☐ Family/Natural Supports
☐ Not Applicable

RECOMMENDATIONS

Due Date	Recommendation	Source
01/11/2024	Smoking cessation	Evaluation And Management

GOALS

#	Goal (Phrased in Individual's Words)	Dates
1	Medical health: To stay medically stable.	IMPLEMENTATION 03/14/2024 TARGET 03/13/2025
	Stage of Change: Contemplation	

	Objective	Dates
A	I will take care of my hygiene/ADL's daily and work towards bathing daily but no less then every other day.	IMPLEMENTATION 03/14/2024 TARGET 03/13/2025

INTERVENTION

Genesis Home staff will encourage/prompt him to shower daily but no less then every other day.
-Will encourage him to change clothing daily and attend to his hygiene even on days when he does not shower.

WHO WILL HELP THE INDIVIDUAL TO ACCOMPLISH ITS HIS/HER OBJECTIVE?

Genesis Home

PERSONS RESPONSIBLE:

☑ Individual / Self
☑ Staff
☐ Other:
☐ Family / Natural Supports
☐ Not Applicable

	Objective	Dates
B	Anthony will take prescribed medications as directed. AFC staff will dispense them to him daily.	IMPLEMENTATION 03/14/2024 TARGET 03/13/2025

INTERVENTION

Genesis home staff will dispense medications daily as directed to help Anthony remain stable and avoid hospitalizations.

WHO WILL HELP THE INDIVIDUAL TO ACCOMPLISH ITS HIS/HER OBJECTIVE?

Genesis Home
ES staff to monitor medications and coordinate with home staff regarding any need for medication change.

PERSONS RESPONSIBLE:

☑ Individual / Self
☑ Staff
☐ Other:
☐ Family / Natural Supports
☐ Not Applicable

C	I will attend all my appointments with my medical doctor and/or specialist scheduled by my home staff. I will inform my home staff and treatment team when I am not feeling well and need to see the doctor.	IMPLEMENTATION 03/14/2024	TARGET 03/13/2025

INTERVENTION

WHO WILL HELP THE INDIVIDUAL TO ACCOMPLISH ITS HIS/HER OBJECTIVE?
-Home staff will schedule all medical appointments, be present in the exam room, provide transportation to and from all appointments.
-Home staff will provide all paperwork to his ES RN from any appointments.
-Home staff will direct all medication concerns to his ES RN.

PERSONS RESPONSIBLE:

☐ Individual / Self
☑ Staff
☑ Other: ES RN
☐ Family / Natural Supports
☐ Not Applicable

D	I will see my ES RN monthly for vitals, medication management, coordination of care and monthly injection. I will inform her of any medical issues.	IMPLEMENTATION 03/14/2024	TARGET 03/13/2025

INTERVENTION

WHO WILL HELP THE INDIVIDUAL TO ACCOMPLISH ITS HIS/HER OBJECTIVE?
-ES RN will meet with him monthly for health services for 1-2units.
-ES RN will provide quarterly health education
-ES RN will ensure coordination of care and handle all medication issues.
-Home staff will contact the ES RN regarding all medical issues and provide her paperwork for medical.

PERSONS RESPONSIBLE:

☑ Individual / Self
☑ Staff
☑ Other: ES RN
☐ Family / Natural Supports
☐ Not Applicable

E	Anthony will meet with his primary care physician to address Hepatitis C and urinary incontinence.	IMPLEMENTATION 03/14/2024	TARGET 03/13/2025

INTERVENTION
Eden Prairie will schedule and attend appointments with Visiting Physicians.
SRS will conduct coordination of care.

WHO WILL HELP THE INDIVIDUAL TO ACCOMPLISH ITS HIS/HER OBJECTIVE?
SRS home
SRS RN
SRS CM

PERSONS RESPONSIBLE:

☐ Individual / Self
☑ Staff
☐ Other:
☐ Family / Natural Supports
☐ Not Applicable

3	Mental health: "To stay at my placement and out of the hospital".	IMPLEMENTATION 03/14/2024	TARGET 03/13/2025
	Stage of Change: Contemplation		

	Objective	Dates
A	I will meet with ES psychiatrist at least once every other month for ongoing medication reviews and monitoring in addition to Biannual psychiatric evaluation scheduled by the home staff. I will inform my treatment team and home staff if I am experiencing symptoms and may need to see the doctor sooner. I will inform the home staff and treatment if I feel I am becoming symptomatic and need to see the psy sooner then my scheduled appointment.	IMPLEMENTATION 03/14/2024 TARGET 03/13/2025

INTERVENTION

WHO WILL HELP THE INDIVIDUAL TO ACCOMPLISH ITS HIS/HER OBJECTIVE?
-Home staff will transport to and from all appointments and be present in the lobby and in the exam room with the clt.
-Home staff will schedule psychiatric appointments.

TRANSPORTATION	
	SPECIFIC REASON FOR SERVICE
LEISURE CHOICE / PART IN COMMUNITY	
	SPECIFIC REASON FOR SERVICE
ATTENDING MEDICAL APPOINTMENTS	
	SPECIFIC REASON FOR SERVICE
ACQUIRING / PROCURING GOODS	
	SPECIFIC REASON FOR SERVICE
MONITORING SELF-ADMINISTRATION OF MEDICATIONS	
	SPECIFIC REASON FOR SERVICE
MONITORING HEALTH & SAFETY (AWAKE)	
	SPECIFIC REASON FOR SERVICE
MONITORING HEALTH & SAFETY (SLEEP)	
	SPECIFIC REASON FOR SERVICE

	FREQUENCY (TIMES PER DAY)	MINUTES	TOTAL PER DAY
OUT OF HOME			
	LIST "WHERE"		

SHELTER COSTS - SPECIFY WHO WILL PAY, WHEN AND WITH WHAT FUNDING SOURCE

GCMHA is Representative Payee and uses Social Security income minus personal allowance to pay monthly shelter costs. PC/CLS sheet is attached in ELMER chart

COMMUNITY LIVING SUPPORT SERVICE		
	FREQUENCY	DURATION
☐ MEAL PREPARATION		
	SPECIFICS REGARDING SERVICE	
☐ LAUNDRY		
	SPECIFICS REGARDING SERVICE	
☐ HOUSEHOLD CHORES		
	SPECIFICS REGARDING SERVICE	
☐ BASIC ADLS		
	SPECIFICS REGARDING SERVICE	
☐ SHOPPING		
	SPECIFICS REGARDING SERVICE	
☐ MONEY MANAGEMENT		
	SPECIFICS REGARDING SERVICE	
☐ NONMEDICAL CARE		
	SPECIFICS REGARDING SERVICE	
☐		

SOCIALIZATION/RELATIONSHIP BUILDING	SPECIFICS REGARDING SERVICE
☐ TRANSPORTATION	SPECIFICS REGARDING SERVICE
☐ LEISURE CHOICE & PART IN COMMUNITY	SPECIFICS REGARDING SERVICE
☐ ATTENDING MEDICAL APPOINTMENTS	SPECIFICS REGARDING SERVICE
☐ ACQUIRING/PROCURING GOODS	SPECIFICS REGARDING SERVICE
☐ MONITORING SELF-ADMIN OF MEDS	SPECIFICS REGARDING SERVICE
☐ MONITORING HEALTH & SAFETY (AWAKE)	SPECIFICS REGARDING SERVICE
☐ MONITORING HEALTH & SAFETY (SLEEP)	SPECIFICS REGARDING SERVICE

HAB SUPPORTS

IS THIS CONSUMER ENROLLED IN THE HABILITATION SUPPORTS WAIVER PROGRAM?
☒ Yes ☐ No

- ☐ Goods and Services
- ☐ Enhanced Medical Equipment & Supplies
- ☐ Environmental Modifications
- ☐ Out-of-Home Non-Vocational Habilitation
- ☐ Prevocational Services
- ☐ Respite Care
- ☐ Supported Employment
- ☑ Community Living Supports
- ☐ Enhanced Pharmacy
- ☐ Family Training
- ☐ Personal Emergency Response Systems
- ☐ Private Duty Nursing
- ☑ Supports Coordination
- ☑ Educated on HSW services & providers

HOW WILL THESE HSW SERVICES ASSIST THE CONSUMER TO LIVE IN THE LEAST RESTRICTIVE COMMUNITY SETTING AND PREVENT ICF/MR LEVEL OF CARE?
Joe utilizes the CLS services to integrate into the community and he continues to learn activities of daily living skills

DOCUMENT SERVICES AND SUPPORTS THAT FOCUS ON HABILITATION RATHER THAN EXCLUSIVELY ON CUSTODIAL CARE
Joe is learning social skills while in the community with Beacon staff

ATTACHMENTS/COORDINATION OF CARE

OTHER ATTACHMENTS TO COMPLETE THE IPOS
☒ Yes ☐ No

IF YES, DESCRIBE ATTACHMENT(S)
PC/CLS sheet

PRIMARY CARE PHYSICIAN

Caroline Physician Services - Bahram Elami, MD
5084 Lovers Lane
Portage, MI 49002
Phone: 269-327-3700
Fax: 269-323-0229

INFORMATION TO BE SHARED WITH PRIMARY CARE PHYSICIAN

- ☐ Behavior Information
- ☐ Psychological/Psychiatric Evaluations

- ☐ Physician Orders
- ☐ Medication Reviews
- ☐ Clinical Assessments
- ☐ Periodic Reviews
- ☐ Clinical Progress Notes
- ☐ Services/Programs Participation
- ☑ Other

information requested

- ☐ Physician Progress Notes
- ☐ Discharge Summary
- ☐ Individual Plan of Service (IPOS)
- ☐ Health Care Assessments
- ☐ Crisis Reports/Screenings
- ☐ Labs

WHAT DOCUMENTS WILL BE SENT TO THE PRIMARY CARE PHYSICIAN?

- ☐ Clinical Assessment
- ☐ Medication Review Notes
- ☐ Specialty Discipline Assessments/Plans
- ☐ Progress Notes

OTHER INFORMATION
information requested

- ☐ Psychiatric/Physician Non-Health Assessment
- ☐ IPOS
- ☐ Periodic Reviews
- ☐ Discharge Summary

WHAT DOCUMENTS WILL BE REQUESTED FROM THE PRIMARY CARE PHYSICIAN?

- ☐ History and Physical
- ☐ Medication Review Notes

OTHER INFORMATION
information requested

- ☐ Lab Reports
- ☐ Progress Notes

WHEN WOULD CONSULTATION WITH THE PRIMARY CARE PHYSICIAN OCCUR REGARDING TREATMENT?
when the Anchor Pointe South home expresses concerns

WAS THE COORDINATION OF CARE LETTER SENT TO THE PRIMARY CARE PHYSICIAN?
☐ Yes ☒ No

IF NO, DOCUMENT WHY COORDINATION DID NOT OCCUR
Joseph resides in lower MI, Beacon Specialized Serivces coordinates care

PSYCHIATRIST
n/a

DENTIST
n/a

OTHER HEALTH PROVIDERS
providers in lower Michigan

SUMMARY

INDIVIDUAL ATTENDED?
☒ Yes ☐ No

IF NO, WHY NOT?

WHO FACILITATED THE MEETING?
Case Manager

WHO RECORDED THE MEETING?
Case Manager

INDICATE WHAT LEVEL OF PARTICIPATION AND HOW THE PLAN WAS COMMUNICATED TO THE INDIVIDUAL OR GUARDIAN
i.e. Picture Board, Verbally, Sign Language
meeting held via telehealth
Joe participated and answered questions with assistance of Home Manager Benjamin Sowen-Green

IDENTIFY HOW PROGRESS WILL FACILITATE TRANSITION PLANNING OR DISCHARGE
monthly progress notes//data sheets will be reviewed by CSM, annual PCP meeting

CONSUMER SATISFACTION PROCESS WAS EXPLAINED TO CONSUMER/GUARDIAN?
☒ Yes ☐ No

IF NO, WHY NOT?

PLANNED DURATION OF TREATMENT (3 MONTHS, 6 MONTHS, 1 YEAR)
1 year

DATE(S) YOU WANT THE PERIODIC REVIEW(S) OF THE INDIVIDUAL PLAN OF SERVICE TO BE COMPLETED BY

LIST ANY OTHER REQUIRED REVIEW DATES (FOSTER CARE LICENSING, BCBS, MEDICARE, ETC.)
n/a

CONSUMER SATISFACTION WITH THE PERSON CENTERED PLANNING PROCESS
yes

SELF DETERMINATION RESOURCE CONTROL SCALE SCORE:	CURRENT / PURSUING SD AGREEMENT:
2	☐ Yes ☒ No

Level 6 - Individual has control over resources.

A. Person has an Individual Service Budget.
B. Person makes decisions about paying bills.
C. Person does not rely on the sytem for any supports; directly hires all staff.
D. Person uses the services of a Fiscal Intermediary.

Level 5 - Individual has most of the control over resources.

A. Person has an approved Individual Service Budget.
B. If personal supports are utilized, person hires their own support staff.
C. Person makes decisions about paying bills.
D. Person may use the services of a Fiscal Intermediary or a Staff Leasing arrangement.

Level 4 - Individual has more control over resources.

A. Person has an approved Individual Service Budget.
B. Person makes decisions about resource allocation in his/her budget.
C. Person selects provider of supports or services (i.e., other than traditional services and supports, such as AFC home, day program, mobile work crew).

Level 3 - Individual has some control over resources.

A. Person has an approved Individual Service Budget.
B. Person makes decisions about resource allocation in his/her budget.
C. Through an informed decision making process, the person has selected traditional services, or services and supports that do not require a Fiscal Intermediary (i.e., AFC home, day program, mobile work crew).

Level 2 - System is in control.

A. IPOS has been developed or is in the process.
B. Person has no budget or is in development.
C. Person may have a sense of his/her service costs.
D. Person has little or no control over his/her resources.

Level 1 - System is in control (new to system).

A. Costs have not been identified.
B. Person does not have a sense of his/her service costs.
C. Person may have no knowledge of current mental health system.

Gogebic CMH

Individual Plan of Service Authorization Summary

NAME
Joseph R. Morgan

MCO CASE #
246373

DATE OF IPOS
03/25/2024

INDIVIDUAL PLAN OF SERVICE AUTHORIZATION SUMMARY

Service Name & Code, Location Name	Unit of Measure	Frequency	Duration	Number of Units	Sessions Used	Authorization Number	Scope (Who, How, Where)
9XXXX - Bundle Includes (90792 Psychiatric Evaluation with medical svs)- (90791 Psychiatric Evaluation no Medical Svs) (99203, 99204, 99205, New Pt) 99212, 99213, 99214, 99215 Established Pt) and Medication Reviews 0402 - Beacon Specialized Living Services, Inc - Anchor Pointe - South	Encounters	4 Per Year	03/25/2024 - 03/25/2025	4	0	2403A0513511	
H2000 TS - Behavior treatment plan monitoring; use TS when monitoring activities associated with the behavior tx plan 0402 - Beacon Specialized Living Services, Inc - Anchor Pointe - South	Encounters	4 Per Quarter	03/25/2024 - 03/25/2025	17	2	2403A0513511	
H2016 - CLS Per Day - Comprehensive community supports services p/diem in specialized residential and other settings 0402 - Beacon Specialized Living Services, Inc - Anchor Pointe - South	Days	1 Per Day	03/25/2024 - 03/25/2025	366	7	2403A0513511	
T1020 - Personal Care Per Diem 0402 - Beacon Specialized Living Services, Inc - Anchor Pointe - South	Days	1 Per Day	03/25/2024 - 03/25/2025	366	7	2403A0513511	
T1017 - Targeted Case Management 0402 - Beacon Specialized Living Services, Inc - Anchor Pointe - South	15 Minutes	8 Per Month	03/25/2024 - 03/25/2025	98	4	2403A0513511	

97151 - Behavioral Identification Assessment Non-ABA 0402 - Beacon Specialized Living Services, Inc - Anchor Pointe - South	15 Minutes	32 Per Year	03/25/2024 - 03/25/2025	32	0	2403A0513511	
T1017 - Targeted Case Management 0001 - Gogebic - Targeted Case Management	15 Minutes	4 Per Year	03/25/2024 - 03/25/2025	4	0	2403A0513514	
H2000 - Comprehensive Multidisciplinary Evaluation; does not require face to face with beneficiary 0001 - Gogebic - Behavior Treatment	Encounters	4 Per Year	03/25/2024 - 03/25/2025	4	0	2403A0513515	

CONSUMER BUDGET SUMMARY

As part of your individual plan of service that you completed through a person-centered planning process, the cost for each service and support is estimated. This is only a cost estimate, it is not a bill required to be paid. It is subject to change based on your needs. The total estimated costs for services is $269604.70.

NorthCare Network

Gogebic CMH

Individual Plan of Service Signature Sheet

NAME
Joseph R. Morgan

MCO CASE #
246373

IPOS DATES
03/25/2024 - 03/25/2025

MY SIGNATURE BELOW INDICATES THAT THE SERVICES THAT I AM ELIGIBLE FOR HAVE BEEN THOROUGHLY EXPLAINED TO ME AND THAT I UNDERSTAND THAT I MAY REQUEST A REVIEW OF THIS PLAN/AMENDMENT AT ANY TIME AND THAT I:

☒ agree with this Individual Plan of Service/Amendment as written and that I have received a copy of the estimated cost of services included in this plan/periodic review/amendment;

☐ agree with this Individual Plan of Service/Amendment, but also am not getting all the services or the amount of services that I requested and have been given a Notice of Adverse Benefit Determination. I have received a copy of the estimated cost of services included in this Plan/Amendment.

CLINICIAN SIGNATURE / CREDENTIALS — DATE: 3/13/24

CONSUMER/PARENT/GUARDIAN SIGNATURE — PRINTED NAME: Regina Morgan — DATE: 3/13/24

PARENT/GUARDIAN SIGNATURE — PRINTED NAME — DATE

PARENT/GUARDIAN SIGNATURE — PRINTED NAME — DATE

SUPERVISOR SIGNATURE / CREDENTIALS — DATE

PSYCHIATRY SIGNATURE / CREDENTIALS — DATE

PHYSICIAN / PSYCHIATRIST / LICENSED PRACTITIONER OF THE HEALING ARTS REVIEW:

I have reviewed and approved this Individual Plan of Service/Periodic Review/Amendment, including all services stated herein; and approve all assessments ordered/completed in preparation of the Plan. *(Required for all BC/BS, Medicare and CMW cases)*

Comments:

SIGNATURE/CREDENTIALS — DATE

- Copy of Individual Plan of Service/Periodic Review/Amendment was given/mailed to Consumer/Guardian on _____.

Copper Gogebic Hiawatha Northpointe Pathways
NorthCare Network

Gogebic CMH

Individual Plan of Service Signature Sheet

NAME
Joseph R. Morgan

MCO CASE #
246373

IPOS DATES
03/25/2024 - 03/25/2025

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☒ agree with this Individual Plan of Service/Amendment as written and that I have received a copy of the estimated cost of services included in this plan/periodic review/amendment;

☐ agree with this Individual Plan of Service/Amendment, but also am not getting all the services or the amount of services that I requested and have been given a Notice of Adverse Benefit Determination. I have received a copy of the estimated cost of services included in this Plan/Amendment.

Electronically Signed By:
Janet L. DiGiorgio LBSW, QIDP, QMHP
CLINICIAN SIGNATURE / CREDENTIALS — 03/14/2024 DATE

CONSUMER/PARENT/GUARDIAN SIGNATURE — PRINTED NAME — DATE

PARENT/GUARDIAN SIGNATURE — PRINTED NAME — DATE

PARENT/GUARDIAN SIGNATURE — PRINTED NAME — DATE

SUPERVISOR SIGNATURE / CREDENTIALS — DATE

PSYCHIATRY SIGNATURE / CREDENTIALS — DATE

PHYSICIAN / PSYCHIATRIST / LICENSED PRACTITIONER OF THE HEALING ARTS REVIEW:

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Comments:

SIGNATURE/CREDENTIALS — DATE

- Copy of Individual Plan of Service/Periodic Review/Amendment was given/mailed to Consumer/Guardian on _____.

ASSESSMENT PLAN FOR AFC RESIDENTS
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

INSTRUCTIONS:

1. A written assessment plan is required. The licensee is responsible for assuring that a written assessment plan is completed.
2. This form has been approved by the Department of Licensing and Regulatory Affairs and contains the information required by administrative rule and Section 3 (9) of.1979 P.A. 218.
3. This form is to be completed by the licensee and resident, or the resident's designated representative. The responsible agency, if any, may assist in this process.
4. Use additional sheets if necessary and PRINT CLEARLY.

Name of Resident	Name of Designated Representative (if applicable)	Date of Birth	Sex
Joseph Morgan	Regina Morgan	08/26/1998	☑ M ☐ F

I. SOCIAL/BEHAVIORAL ASSESSMENT PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

	Yes	No	IF NO, Describe Needs and How They Will Be Met
A. Moves Independently in Community	☐	☑	Joseph has 12 hours of enhanced staffing for health and safety of him & others
B. Communicates Needs	☑	☐	Joseph is able to communicate his needs.
C. Understands Verbal Communication	☑	☐	Joseph understands verbal communication and communicate well with staff.
D. Alert to Surroundings	☑	☐	Joseph is alert to his surroundings.
E. Reads and Writes	☐	☑	Joseph reads but has difficulty writing
F. Tells Time	☑	☐	Joseph is able to tell time.
G. Manages Money	☐	☑	Joseph currently has a payee (Gogebic CMH)
H. Follows Instructions	☑	☐	Joseph is able to follow instructions.
I. Controls Aggressive Behavior	☐	☑	Has a history of aggression towards staff and peers
J. Controls Sexual Behavior	☑	☐	Joseph has no history of sexually inappropriate behaviors.
K. Gets Along With Others	☐	☑	Has a history of aggression towards staff and peers
L. Exhibits Self Injurious Behavior	☐	☑	Has a history of self injurious behaviors (Joseph will throw and brake items when upset).
M. Participants in Social Activities	☑	☐	Joseph tries to attend social activities but becomes overstimulated, which ususally leads to acting out behaviors.
N. Smokes	☐	☑	No history of smoking.
O. Appropriately Uses Alcohol/Drugs	☐	☑	No history of drug or alcohol.

See Page 4 for Non-discrimination and ADA statement

Continued on Next Page

II. SELF CARE SKILL ASSESSMENT

	Needs Help		PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)
	Yes	No	IF YES, Describe Needs and How The Will Be Met
A. Eating/Feeding	☐	☑	
B. Toileting	☐	☑	
C. Bathing	☑	☐	Joseph requires prompts and reminders to complete ADL's.
D. Grooming (hair care, teeth, nails, etc.)	☑	☐	Joseph requires prompts and reminders to complete personal grooming.
E. Dressing	☐	☑	Joseph requires prompts and reminders to change clothing daily.
F. Personal Hygiene	☑	☐	Joseph requires prompts and reminders to complete ADL's.
G. Walking/Mobility	☐	☑	
H. Stair climbing	☐	☑	
I. Use of Prosthesis (Dentures, Artificial limbs, etc.)	☐	☑	
J. Use of Assistive Devices (explain)	☐	☑	
K. Other (explain)	☐	☐	

III. HEALTH CARE ASSESSMENT

	Yes	No	PLAN OF ACTION (Check Yes or No and Complete Where Appropriate) IF YES, Describe Needs and How They Will Be Met
A. Taking medication	☑	☐	Staff will hold and administer all of Joseph's medications.
B. Special Diets	☐	☑	
C. Physical Limitations	☐	☑	
D. Special Equipment Used (Wheel chair, Walker, Cane, etc.)	☐	☑	
E. Other Difficulties (Vision, Weight, Allergies, etc.)	☐	☑	
F. Susceptible to Hypothermia or Hyperthermia	☐	☑	

Continued on Next Page

IV. SOCIAL AND PROGRAM ACTIVITIES PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

	Yes	No	Explain How These Activities Will Be Provided or Encouraged
A. Participates in Religious Practice	☑	☐	Staff will assist with transportation to religious services of choice.
B. Participates in Household Chores	☑	☐	Staff will prompt and encourage Joseph to assist with house hold chores.
C. Adult Activity Program	☑	☐	Staff will prompt and encourage Joseph to participate in the activities program.
D. Senior Center	☐	☑	
E. Workshop or job	☐	☑	
F. School	☐	☑	
G. Hobbies/Special Interest	☑	☐	Staff will prompt and encourage participation in hobbies of choice.
H. Recreation	☑	☐	Staff will prompt & encourage recreational activities.
I. Physical Exercise	☑	☐	Staff will prompt and encourage daily exercise.
J. Family/Friends (Please Address Any Applicable Visitation Prohibitions and/or Other Considerations)	☑	☐	Staff will prompt and encourage family and friend involvement
K. Other (explain)	☐	☐	

V. MEDICAL INFORMATION

Name of Primary Physician/Clinic			
Dr. Bahram Elami			
Primary Physician's Complete Address (Street Number and Name)	City		Telephone Number
5084 Lovers Lane	Portage	State: MI	Zip Code: 49002
			(269) 327-3700

V. MEDICATIONS TAKEN AT TIME OF ASSESSMENT

Name of Medication	Who Prescribed	Dosage
See Attached		

Continued on Next Page

Joseph Morgan (3894)

Allergies: Benadryl, Depakote

January 2024

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN						Medication: Calcium Carbonate, Dosage: 420mg Notes: As needed for heartburn or indigestion. Packets come (2 tablets) in a packet 420mg each, limit to 4 packets (8 tablets) in a 12 hour period and/or no more than 16 tablets in a 24 hour period.																								
PRN						Medication: Cough Drops, Dosage: 5.8 mg Notes: Dissolve one drop slowly in mouth every 2 hours as needed for cough; Do not use for more than 2 consecutive days. *Call medical staff if there is a need for more than 2 consecutive days.																								
PRN						Medication: Debrox, Dosage: 6.5% Notes: Use as directed as needed.																								
PRN						Medication: Debrox, Dosage: 6.5% Notes: Use as directed on packaging as needed for ear cleaning																								
PRN						Medication: IBU-200, Dosage: 200 mg Notes: Take two tablets three times daily as needed for mild to moderate pain. Not to exceed a total of 8 tablets in a 24 hour period.																								
Medication			8:00AM			Medication: Intuniv ER, Dosage: 1 mg, Frequency: Take 1 tablet by mouth every morning																								
mm	kg	ay	ay	mm	mm	rm	rm	rp																						
Medication			4:00PM			Medication: Intuniv ER, Dosage: 4 mg, Frequency: Take 1 tablet by mouth once a day																								
mm	kg	kg	mm	mm	mm	mm	kg																							

Current Bed: 2

Date of Birth: 1998-08-26

Joseph Morgan (3894)

Allergies: Benadryl, Depakote

January 2024

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN						Medication: Klonopin, Dosage: 0.5 mg, Frequency: Take 1 tablet by mouth twice a day Notes: FOR ANXIETY OR AGITATION																								
mm	kg			mm	mm			rp																						
PRN						Medication: Klonopin, Dosage: 0.5 mg, Frequency: Take 1 tablet by mouth twice a day Notes: TAKE 1 TABLET BY MOUTH TWICE DAILY AS NEEDED FOR ANXIETY OR AGITATION																								
Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.	Disc.
Medication			8:00PM			Medication: lithium carbonate, Dosage: 300 mg, Frequency: Take 3 capsule by mouth at bedtime																								
mm	kg	kg	mm	mm	mm	mm	kg																							
Medication			9:00AM			Medication: loratadine, Dosage: 10 mg, Frequency: Take 1 tablet by mouth once a day Notes: TAKE 1 TABLET BY MOUTH ONCE DAILY																								
mm	kg	ay	ay	mm	mm	mm	rm	rp																						
PRN						Medication: magnesium hydroxide, Dosage: 1200mg, Frequency: Take Notes: Take 30Ml/CC Twice daily as needed for constipation																								
Medication			8:00AM			Medication: metformin, Dosage: 500 mg, Frequency: Take 1 tablet by mouth every morning Notes: TAKE 1 TABLET BY MOUTH every morning AND 1/2 IN THE EVENING																								
mm	kg	ay	ay	mm	mm	rm	rm	rp																						
Medication			8:00PM			Medication: metformin, Dosage: 500 mg, Frequency: Take 1/2 tablet by mouth every evening Notes: TAKE 1 TABLET BY MOUTH every morning AND 1/2 IN THE EVENING																								
mm	kg	kg	mm	mm	mm	mm	kg																							

Current Bed: 2

Date of Birth: 1998-08-26

Joseph Morgan (3894)

Allergies: Benadryl, Depakote

January 2024

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
PRN						Medication: Non-Aspirin Extra Strength, Dosage: 500 mg Notes: Take two tablets three times daily as needed for mild to moderate pain. Not to exceed a to of 6 tablets in a 24 hour period.																									
Medication			8:00AM			Medication: Risperdal, Dosage: 1 mg, Frequency: Take 1 tablet by mouth every morning																								
Medication			8:00AM			Medication: Risperdal, Dosage: 3 mg, Frequency: Take 1 tablet by mouth twice a day																								
Medication			8:00AM			Medication: Risperdal, Dosage: 3 mg, Frequency: Take 1 tablet by mouth twice a day																								
Medication			9:00AM			Medication: Vitamin D3, Dosage: 25 mcg (1,000 unit), Frequency: Take 1 tablet by mouth once a day Notes: TAKE 1 TABLET BY MOUTH ONCE DAILY																							

Joseph Morgan (3894)

Allergies: Benadryl, Depakote

January 2024

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Users

User	Initials
Not scheduled	---
Discontinued	Disc.
kgreen	kg
mmaldonado	mm
rpage	rp
rmccabe	rm
ayanahumphrey	ay

Events

None

Current Bed: 2

Date of Birth: 1998-08-26

FOLLOW-UPS NEEDED (i.e., check-ups, regular appointments, etc.)

VI. RELEASE OF INFORMATION – RESIDENT OR LEGAL GUARDIAN SIGNATURE ONLY

"By signing this form, I understand that I am authorizing the release of medical information concerning me, including information regarding Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV), if applicable, to the licensee and licensee's staff, the responsible agency and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for the purpose of providing appropriate care to me and determining compliance with licensing rules."

Signature of Resident or Legal Guardian	Date
X [signature]	1-28-2024

VII. OTHER INFORMATION

Comments/Special Instructions

If a situation occurs where the safety of Staff or the Residents are in jeopardy, Staff will employ the least restrictive CPI interventions, up to physical interventions as needed as a last resort. All staff has been trained in CPI.

Any continued use of CPI will necessitate a change in the Person-Centered Plan and/or Behavior Plan. If a current Person-Centered Plan or Behavior Plan is in place that gives staff instruction on skills or redirection, etc., these must be used first.

Note: If a resident is from a County that requires CPI use to be in the Person-Centered Plan or Behavior Plan, please contact their recipient rights office prior to implementation, if possible. If not, immediately after use.

VIII. ASSESSMENT PLAN COMPLETION

Date Assessment Plan Was Completed	Name(s) and Position(s) of Person(s) Who Completed Assessment
1/09/2024	Benjamin Sowa-Green

IX. PLACEMENT OBJECTIVE

A. ☐ Delay/prevent deterioration and movement to a more restrictive setting.
B. ☑ Encourage movement to a less restrictive setting.

X. SIGNATURES

Signature of Resident or Designated Representative	Date	Signature of Licensee	Date
X [signature]	1-28-2024	X [signature]	2-8-24
Signature of Responsible Agency (if applicable)	Date		
X [signature] BSW	2/8/24		

AUTHORITY: 1979 P.A. 218
COMPLETION: Voluntary
PENALTY: Violation of Administrative Rule and 1979 P.A. 218

☐ LARA is an equal opportunity employer/program.

AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT:

Michigan Department of Licensing and Regulatory Affairs

Date Received: _____
Date Reviewed: _____ Initials: _____
Action: ☐ No Follow - Up Needed
☐ Phone Call Follow
☐ SI Opened

Name of Facility/Home	License Number	Name of Person Directly Involved	
Beacon Home - Anchor Point South	AM800267886	Morgan Joseph	Resident ☐ Employee ☐ Visitor
Facility Address 28720 63rd Street		Address 28720 63rd Street	
Facility Phone 269-427-7508		City/State/Zip Code Bangor Michigan 49013	
Licensee Name Beacon Specialized Living Services, Inc.		Phone 269-427-7508	Case Number (if applicable)

OTHER PERSON(S) INVOLVED / WITNESSES:

Name	☐ Resident ☐ Employee ☐ Visitor	Name	☐ Resident ☐ Employee ☐ Visitor
Name	☐ Resident ☐ Employee ☐ Visitor	Name	☐ Resident ☐ Employee ☐ Visitor

FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time: ☐ AM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
1/3/2025	09:05 ☑ PM	Jerome white	Yard

Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):
Tonight at 9:05p.m. Joseph was present in the home for room checks. Staff checked the bathrooms and each clients room to see if Joseph was in the home, staff notified the Lead that notified the Float that Joseph was missing. Joseph was returned to the home with the float injury free at 9:45p.m. staff verbally reminded Joseph of his consumer right and responsibilities.

Action taken by Staff / Treatment Given (Attach separate sheet if necessary):
Joseph was returned to the home with the float injury free at 9:45p.m. staff verbally reminded Joseph of his consumer right and responsibilities.

Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):
Staff called for back-up from the night float once it was found the Joseph was not in his room to assist in locating Joseph. The float found Joseph walking between the homes and was encouraged to return to the home to ensure his health and safety as well as his whereabouts. Joseph was reminded that it is not safe to walk away from the home after dark and also reminded him that his peers are sleeping in the other homes and do not want their quiet home disrupted. Staff were instructed to continue to monitor Joseph by increasing safety checks due to him walking away from the home during the evening hours.

Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: AM PM

Physician's Diagnosis of Injury, Illness or Cause of Death, if known

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date/Time Written Notice/Date	Adult Protective Services (if applicable)	Notification Date/Time
Physician or RN (if applicable)	Notification Date/Time	Office of Recipient Rights (if applicable) Gogebic ORR	Notification Date/Time 01/06/2025 01:00 AM
Responsible Agency Janet Digiorgio	Notification Date/Time01/06/2025 01:00 AM Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date/Time
Designated Representative / Legal Guardian Regina Morgan	Notification Date/Time 01/13/2025 01:00 AM Written Notice/Date	Other (please specify)	Notification Date/Time

SIGNATURE(S):

Signature of Person Completing Report Jerome white	Print Name and Title Dcs	Date 1/4/2025
Signature of Licensee / Licensee Designee / Administrator Nichole VanNiman VP Operations	Print Name and Title Nichole VanNiman VP Operations	Date

Copper Gogebic Hiawatha Northpointe Pathways
NorthCare Network

Gogebic CMH

IPOS Meeting

IDENTIFYING INFORMATION					
NAME	DOB	AGE	MCO CASE #	GENDER ASSIGNED AT BIRTH	GENDER IDENTITY
Joseph R. Morgan	08/26/1998	25	246373	Male	Identifies as Male
ADDRESS					
Anchor Pointe South 28720 63rd St, BANGOR, MI 49013					
SERVICE			DATE	TIME	
T1017 Targeted Case Management			03/13/2024	10:15AM - 10:30AM	

MEETING INFORMATION			
MEETING DATE	START TIME	EFFECTIVE DATE	THIS PLAN EXPIRES ON (Maximum of 365 Days)
03/13/2024	10:15AM	03/25/2024	03/25/2025

CONSUMER REQUESTS TO COMPLETE PREPLANNING AND IPOS MEETING ON THE SAME DAY
☒ Yes ☐ No

REASON FOR ANY CHANGE IN PREPLANNED MEETING DATE, VERBAL APPROVAL, OR ANY OTHER CIRCUMSTANCE IMPACTING EFFECTIVE DATES OF THIS IPOS
Due to Joe residing in lower Michigan in a different time zone, his preference is for everything to occur the same day

DATE OF VERBAL CONSENT

REASON FOR VERBAL CONSENT

MEETING LOCATION
via zoom

PEOPLE WHO PARTICIPATED IN MY INDIVIDUAL PLAN OF SERVICE MEETING

	Name	Relationship	Participated in Plan	Assessment Completed	Attended Meeting	Invited, Unable to Attend
1	Regina Morgan	mother	☑	☐	☐	☐
2	Leroy Freeman	Case Manager	☐	☑	☐	☐
3	Benjamin Sowen-Green	Home Manager	☑	☐	☒	☐
4	Janet DiGiorgio	Case Manager	☑	☑	☒	☐

Informal Conflict Resolution:

This Plan can be revised as needed. If at any time you are not satisfied with your services, the planning process or your provider, please discuss your concerns with your clinician. If you are not satisfied with this discussion, you can contact your clinician's supervisor by calling 906.229.6120, TDD/TTY 800.649.3777. If you are not satisfied after this discussion, please contact our Recipient Rights Officer, Kristina Potesta, by calling 906.229.6104. For additional assistance, please contact our Customer Service Specialist at 906.229.6120.

The Amount of Each Service You Receive:

Sometimes it is hard to know now exactly how much of a service you might need in the future. Things can go better or worse, faster or slower, or differently than we might be able to plan now. During all of the time we work together, we will talk about your mental health needs and make sure that we are providing enough services to meet them.

ASSESSMENTS COMPLETED IN PREPARATION FOR THIS MEETING

- ☐ Co-Occuring Disorders
- ☐ Nursing
- ☐ Psychiatry
- ☐ Psychology - Behavioral Assessment
- ☐ Psychology - Clinical/Diagnostic Evaluation
- ☐ Physical Therapy
- ☐ Evidence Based Practice
- ☐ Occupational Therapy
- ☐ Psychology
- ☐ Psychology - Eligibility/Level of Functioning
- ☐ Psychology - Guardianship
- ☐ Speech/Language/Hearing

☐ School
☐ Dietary
☐ Other

☐ Health
☑ BPS

STRENGTH OR SUPPORT/NEED OR DESIRE/CONCERN OR RISK/BARRIER How are any Identified Issues below being addressed (Include Natural, Community and Paid Supports)
PERSONAL/FAMILY Joseph continues to need assistance in developing positive relationships. Joseph needs to learn emotional regulation skills when conflict occurs, and coping strategies to help him get along with others.
RESIDENTIAL/LIVING ARRANGEMENT Joseph will need to learn coping skills to deal with frustrations in his home environment. He would also benefit from conflict resolution, emotional regulation skills, and assistance in learning independent living skills.
CHILDHOOD Joe's childhood history is unknown, and his adoptive mother has provided little information.
TRAUMA/ABUSE Not a need or concern
CULTURAL/SPIRITUAL Not a need or concern
DAILY LIVING Joseph needs verbal prompts with ADL's. His medication is administered, and residential staff accompany him to appointments. Joseph needs assistance with initiating and completing tasks, budgeting and understanding finances. Joe can ambulate, but struggles with hand-eye coordination.
WORK/MILITARY n/a
EDUCATION/SPECIAL EDUCATION Joseph has attended MOCI Programs/Life Skill Centers in the past, but attendance was minimal
LEGAL Mother has established guardianship.
MEDICAL/MEDICATION/HEALTH Joe's medication is administered by the Anchor Pointe Staff, and all of Joe's medical appointments are accompanied by staff.
SUBSTANCE RELATED HISTORY Not a need or concern
SAFETY CONCERNS TO SELF/OTHERS/PROPERTY Joe's behavioral outbursts have decreased but continue to be of concern. He has a behavior plan in place, and he is closely monitored by staff during outbursts and supervised at all times. Staff also work with Joe regarding coping strategies for managing negative emotions.
RISK TO SELF/OTHERS/PROPERTY Joe's behavioral outbursts have lessened but continue to be a concern. He has a behavior plan in place and he is closely monitored by staff during outbursts and supervised at all times. He has enhanced staffing 12 hours daily, but the CSM is hoping this may be slowly decreased during the year. Staff also work with Joe regarding coping strategies for managing negative emotions.
EMOTIONAL/COGNITIVE Joe continues to struggle with impulsivity, and controlling negative emotions. He has an intellectual disability and attention deficits that limit his ability to function. He continues to need support in the area of behavioral self control.
ADAPTIVE EQUIPMENT/OTHER none

DO YOU WANT HELP FINDING OR DEVELOPING NATURAL AND/OR COMMUNITY SUPPORTS?
☐ Yes ☒ No

EXPLAIN
Joe participates in community activities on a regular basis, and has been trying some new things with staff

ARE THERE ANY NEEDS THAT ARE BEING DEFERRED OR INDEPENDENTLY ADDRESSED AT THIS TIME?
☐ Yes ☒ No

INDICATE RATIONALE
n/a

GOAL #1

"I want Joseph to be more independent with his household tasks, be happy, and participate in events in his community," Regina (guardian) said.

CRITERIA FOR DISCONTINUING GOAL
Joseph no longer resides in a Specialized AFC home.

IMPLEMENTATION DATE	TARGET DATE	COMPLETION DATE	DISCONTINUED DATE
03/25/2024	03/25/2025		

GOAL #1: OBJECTIVE A

Joseph will attend activities that he never tried before to expand his horizons.
A. Joseph will be provided with list of new activities that staff will describe to him, (verbally, visually, or by modeling).
B. Joseph will choose one on a daily basis.
C. Joseph will inform the staff what activity he has chosen. Staff will participate with Joseph and provide guidance as needed.
D. Joseph will complete the activity and staff will document whether Joseph enjoyed it.
Data will be collected and reviewed monthly.

IMPLEMENTATION DATE	TARGET DATE	ACTUAL COMPLETION DATE
03/25/2024	03/25/2025	

AMOUNT, SCOPE & DURATION

DESCRIPTION OF SERVICES

The Behavior consultant will provide 4 Encounters of behavior management review service(s) per quarter not to exceed 17 Encounters by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The paraprofessional will provide 1 Days of community living support service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The paraprofessional will provide 1 Days of personal care service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The clinician will provide 2 hours of targeted case management per month not to exceed 24 hours and 30 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The BCBA will provide 8 hours of Behavioral Identification Assessment per year not to exceed 8 hours by 03/25/2025. The service will be provided with consumer only and with consumer and others in the consumer's residence, community setting, and telehealth.

The clinician will provide 60 minutes of targeted case management per year not to exceed 60 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

METHOD OF INTERVENTION

Case Manager will meet with Joseph and provide information on different activities to try or events to attend

Group home staff will provide Joseph with different activities to try and will describe them verbally, visually or by modeling.

Group home staff will participate with Joseph and provide guidance as needed

DESCRIBE HOW CONSUMER, FAMILY, GUARDIAN (NATURAL SUPPORTS) WILL BE INVOLVED

☐	
☐ Family/Friends:	
☑ Guardian:	
☑ Consumer:	Will provide positive encouragement
☐ Other:	Joseph will participate in the activity/event that he chooses

DESCRIBE HOW COMMUNITY SUPPORTS WILL BE INVOLVED

☑ None
☐ DHS:
☐ PCP:
☐ Public Transportation:

☐ Social Security Administration:

☐ Other:

GOAL #1: OBJECTIVE B

Joseph will improve in his daily living tasks by making his bed and vacuuming his bedroom floor daily.
A. Joseph will learn how to make his bed and will complete the task daily. Staff will document whether Joseph completes the daily task.
B. Joseph will learn how to operate a vacuum and vacuum his bedroom floor daily as he tends to shred paper and has paper bits scattered.
Staff will have visuals, videos, and provide hand over hand assistance initially and then decrease as Joseph progresses.
Staff will document daily whether or not Joe completed this task.

IMPLEMENTATION DATE	TARGET DATE	ACTUAL COMPLETION DATE
03/25/2024	03/25/2025	

AMOUNT, SCOPE & DURATION

DESCRIPTION OF SERVICES

The Behavior consultant will provide 4 Encounters of behavior management review service(s) per quarter not to exceed 17 Encounters by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The paraprofessional will provide 1 Days of community living support service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The paraprofessional will provide 1 Days of personal care service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The clinician will provide 2 hours of targeted case management per month not to exceed 24 hours and 30 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The BCBA will provide 8 hours of Behavioral Identification Assessment per year not to exceed 8 hours by 03/25/2025. The service will be provided with consumer only and with consumer and others in the consumer's residence, community setting, and telehealth.

The clinician will provide 60 minutes of targeted case management per year not to exceed 60 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

METHOD OF INTERVENTION

A. Joe will learn to put his fitted sheet on his bed by:
1. Lay your fitted sheet on top of your mattress, in the same lengthwise orientation.
2. Pull one corner of the fitted sheet over the side of your mattress, starting at the most difficult corner to reach.
3. Check to make sure that the seam on the corner of your fitted sheet lines up with the top of the mattress.
Repeat this with each of the four corners, checking to make sure no corner slipped out of place while putting on the next.
B. Joe will learn how to put his flat sheet on his bed by:
1. Lay the flat sheet across your bed in the same orientation as your bedding.
2. Center the flat sheet on your bed, making sure there's enough of the sheet to fold under on the sides and end of the bed.
3. Check that the top edge of your top sheet is aligned with the top of your mattress.
4. Fold the bottom of your top sheet underneath your bedding.
C. Place the comforter on top
D. Place your pillow on top of comforter
Staff will document daily whether or not Joe completed these tasks.
Case Manager will review data monthly

A. Joseph will learn to operate a vacuum:
1. Ensure the vacuum is in good working order before you begin. Empty the dust bin and check that the roller brush is clean and free from hair, dust and fur. Test your vacuum's suction and clear the hoses of blockages if it seems weak.
2. Use the crevice attachment (if you have one) on your vacuum cleaner first. Vacuum the edges in each room before you vacuum the carpet.
3. Vacuum horizontally in each room.
4. Vacuum vertically in each room.
This technique ensures that the carpet is lifted and the dirt that may be embedded is removed.

Staff will document daily whether or not Joe completed these tasks.
Case Manager will review data monthly

DESCRIBE HOW CONSUMER, FAMILY, GUARDIAN (NATURAL SUPPORTS) WILL BE INVOLVED

☐

☐ Family/Friends:

☑ Guardian: Mom will be able to communicate with Joe and the group home staff on Joe's progress

☐ Consumer:

☐ Other:

DESCRIBE HOW COMMUNITY SUPPORTS WILL BE INVOLVED

☑ None

☐ DHS:

☐ PCP:

☐ Public Transportation:

☐ Social Security Administration:

☐ Other:

GOAL #1: OBJECTIVE C

Joseph will take his medication daily and follow recommendations of physicians. He will cooperate with staff and his housemates by following his schedule.

IMPLEMENTATION DATE	TARGET DATE	ACTUAL COMPLETION DATE
03/25/2024	03/25/2025	

AMOUNT, SCOPE & DURATION

DESCRIPTION OF SERVICES

The physician will provide 4 Encounters of practitioner service(s) per year not to exceed 4 Encounters by 03/25/2025. The service will be provided with consumer only in the consumer's residence, community setting, CMH office, and telehealth.

The Behavior consultant will provide 4 Encounters of behavior management review service(s) per quarter not to exceed 17 Encounters by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The paraprofessional will provide 1 Days of community living support service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The paraprofessional will provide 1 Days of personal care service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The clinician will provide 2 hours of targeted case management per month not to exceed 24 hours and 30 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The BCBA will provide 8 hours of Behavioral Identification Assessment per year not to exceed 8 hours by 03/25/2025. The service will be provided with consumer only and with consumer and others in the consumer's residence, community setting, and telehealth.

The clinician will provide 60 minutes of targeted case management per year not to exceed 60 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

METHOD OF INTERVENTION

Group home staff will prompt Joe to take his medications at the scheduled time daily

Physician/Psychiatrist will provide medication management through appointments

Case Manager will assist with coordinating primary care services.

DESCRIBE HOW CONSUMER, FAMILY, GUARDIAN (NATURAL SUPPORTS) WILL BE INVOLVED

☐
☐ Family/Friends:
☐ Guardian:
☑ Consumer: Joe will follow social norms/rules within his home environment on a daily basis
☐ Other:

DESCRIBE HOW COMMUNITY SUPPORTS WILL BE INVOLVED

☑ None
☐ DHS:
☐ PCP:
☐ Public Transportation:
☐ Social Security Administration:
☐ Other:

GOAL #2

Joseph will use his manners with his housemates daily

CRITERIA FOR DISCONTINUING GOAL

IMPLEMENTATION DATE	TARGET DATE	COMPLETION DATE	DISCONTINUED DATE
03/25/2024	03/25/2025		

GOAL #2: OBJECTIVE A

Joseph will model staff's responses of using the terms "please and thank you" when requesting something from his housemates. Joseph has enhanced staffing daily as he has a history of participating in property destruction or becoming physically aggressive when he becomes anxious in his environment. Staff will attempt to redirect Joseph and follow his behavior plan.

IMPLEMENTATION DATE	TARGET DATE	ACTUAL COMPLETION DATE
03/25/2024	03/25/2025	

AMOUNT, SCOPE & DURATION

DESCRIPTION OF SERVICES

The Behavior consultant will provide 4 Encounters of behavior management review service(s) per quarter not to exceed 17 Encounters by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The paraprofessional will provide 1 Days of community living support service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The paraprofessional will provide 1 Days of personal care service(s) per day not to exceed 366 Days by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, and CMH office.

The clinician will provide 2 hours of targeted case management per month not to exceed 24 hours and 30 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The BCBA will provide 8 hours of Behavioral Identification Assessment per year not to exceed 8 hours by 03/25/2025. The service will be provided with consumer only and with consumer and others in the consumer's residence, community setting, and telehealth.

The clinician will provide 60 minutes of targeted case management per year not to exceed 60 minutes by 03/25/2025. The service will be provided with consumer only, with consumer and others, with others only, and with staff only in the consumer's residence, community setting, CMH office, and telehealth.

The BTC will provide 4 Encounters of behavior management review service(s) per year not to exceed 4 Encounters by 03/25/2025.
The service will be provided with staff only in the CMH office and telehealth.

METHOD OF INTERVENTION

Behavior Consultant will meet with Joe and provide information as needed to incorporate a positive behavior support plan, review data, and update plan as needed.

Case Manager will meet with Joe monthly in regards to anxiety, problem solving through workbooks, visual aids, social stories, role modeling, etc.

Group home staff will prompt Joe to follow social norms/rules within his home environment on a daily basis

Physician/Psychiatrist will provide medication management through appointments

Group home staff will administer Joe's medication daily

Case Manager will assist with coordinating primary care services.

DESCRIBE HOW CONSUMER, FAMILY, GUARDIAN (NATURAL SUPPORTS) WILL BE INVOLVED

☐
☐ Family/Friends:
☑ Guardian: Guardian will be notified with any IR completed
☐ Consumer:
☐ Other:

DESCRIBE HOW COMMUNITY SUPPORTS WILL BE INVOLVED

☑ None
☐ DHS:
☐ PCP:
☐ Public Transportation:
☐ Social Security Administration:
☐ Other:

LIMITATIONS ON RIGHTS AND TREATMENT

PERSONAL FINANCES AND MANAGEMENT

☐ No limitations in this area

A. LIST ALL PERSONS HAVING ACCESS TO CONSUMER'S FUNDS/CONSUMER'S ABILITY TO MANAGE FINANCES
Joe has full access to his personal funds.

B. CONSUMER'S ACCESS RESTRICTED?
☐ Yes ☒ No

If Yes, complete the following:

1. SPECIAL RESTRICTIONS
n/a

2. REASONS FOR RESTRICTIONS
n/a

3. IPOS INCORPORATION
Reference goal/objective or rationale for not including in IPOS
n/a

ENVIRONMENTAL MODIFICATIONS/ADAPTIVE EQUIPMENT

☐ No limitations in this area

CONSUMER REQUIRES ENVIRONMENTAL MODIFICATIONS OR ADAPTIVE EQUIPMENT?
☐ Yes ☒ No

DESCRIBE CURRENT ENVIRONMENTAL AND RECOMMENDED MODIFICATIONS
n/a

PHYSICAL MOVEMENT

☐ No limitations in this area

CONSUMER'S PHYSICAL MOVEMENT RESTRICTED WITHIN HOME?
☐ Yes ☒ No

CONSUMER'S PHYSICAL MOVEMENT RESTRICTED WITHIN COMMUNITY?
☐ Yes ☒ No

1. SPECIAL RESTRICTIONS
n/a

2. REASONS FOR RESTRICTIONS
Joseph lives at the Anchor Pointe South Group Home and has enhanced staffing

3. IPOS INCORPORATION
Included here are agreed upon procedures for unauthorized leave from home/program
Joseph has a history of elopement and has been physically and verbally aggressive toward others

COMMUNICATIONS

☐ No limitations in this area

1. SPECIAL RESTRICTIONS
n/a

2. REASONS FOR RESTRICTIONS
n/a

3. IPOS INCORPORATION
n/a

MEDICAL: WELLNESS AND MEDICATION; CONSUMER'S ACCESS TO MEDICATIONS/PHYSICIANS RESTRICTED; OR ANY DRUG USED FOR BEHAVIORAL CONTROL

☐ No limitations in this area

1. SPECIAL RESTRICTIONS
Joseph's medication is administered by the group home staff

2. REASONS FOR RESTRICTIONS
Joseph is unable to administer his own medication

IPOS INCORPORATION
goal 2

BEHAVIORAL - RESTRICTIVE BEHAVIOR PLAN

☐ No limitations in this area

1. BEHAVIORAL ASSESSMENT COMPLETED?
☒ Yes ☐ No

2. BEHAVIORAL TREATMENT GOALS INCORPORATED INTO IPOS AND BEHAVIOR PLAN REFERENCED IN IPOS?
☒ Yes ☐ No

CHOICE

☐ Not in Residential Setting

For any limitations describe the limitation and how it is addressed in the behavior plan.

A. IS THERE A RENTAL AGREEMENT / RESIDENTIAL LIVING ARRANGEMENT IN PLACE?
☒ Yes ☐ No

B. DOES THE INDIVIDUAL HAVE PRIVACY (LOCKABLE DOORS)
☒ Yes ☐ No

C. DOES THE INDIVIDUAL HAVE A CHOICE OF ROOMMATE?
☒ Yes ☐ No ☐ N/A

D. DOES THE INDIVIDUAL HAVE THE FREEDOM TO DECORATE THEIR SLEEPING/LIVING UNIT WITHIN THE PARAMETERS OF THE RENTAL AGREEMENT?
☒ Yes ☐ No

E. DOES THE INDIVIDUAL HAVE THE FREEDOM TO CONTROL THEIR SCHEDULE?
☒ Yes ☐ No

1. ACCESS TO FOOD AT ANY TIME?
☒ Yes ☐ No

2. ABILITY TO HAVE VISITORS AT ANY TIME?
☒ Yes ☐ No

IS THIS CONSUMER LIVING IN A LICENSED SPECIALIZED RESIDENTIAL SETTING?
☒ Yes ☐ No

PERSONAL CARE SERVICES

	FREQUENCY (TIMES PER DAY)	MINUTES	TOTAL PER DAY
EATING / FEEDING			
	SPECIFIC REASON FOR SERVICE		
TOILETING			
	SPECIFIC REASON FOR SERVICE		
BATHING			
	SPECIFIC REASON FOR SERVICE		
GROOMING			
	SPECIFIC REASON FOR SERVICE		
DRESSING			
	SPECIFIC REASON FOR SERVICE		
TRANSFERRING			
	SPECIFIC REASON FOR SERVICE		
AMBULATION / MOBILITY			
	SPECIFIC REASON FOR SERVICE		
ADMINISTRATING MEDICATIONS			
	SPECIFIC REASON FOR SERVICE		

COMMUNITY CARE SERVICES

	FREQUENCY (TIMES PER DAY)	MINUTES	TOTAL PER DAY
MEAL PREPARATION			
	SPECIFIC REASON FOR SERVICE		
LAUNDRY			
	SPECIFIC REASON FOR SERVICE		
HOUSEHOLD CHORES			
	SPECIFIC REASON FOR SERVICE		
BASIC ADLS			
	SPECIFIC REASON FOR SERVICE		
SHOPPING			
	SPECIFIC REASON FOR SERVICE		
MONEY MANAGEMENT			
	SPECIFIC REASON FOR SERVICE		
NON-MEDICAL CARE (EXERCISE, ROM, ETC)			
	SPECIFIC REASON FOR SERVICE		
SOCIALIZIATION AND RELATIONSHIP BUILDING			
	SPECIFIC REASON FOR SERVICE		

BEACON SPECIALIZED LIVING SERVICES, INC.
Anchor Pointe
28720 63rd st.
Bangor, MI 49013
Phone: (269) 427-7508
Fax: (866) 276-9067

To:	**Gogebic Recipient Right**	**From:**	**Benjamin Sowa-Green, Home Manager**
Fax:	**906-229-6191**	**Pages:**	
Phone:		**Date:**	**1/06/2025**
/R/e:		**CC:**	

/☐ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

Date Received: _____
Date Reviewed: _____ Initials: _____
Action: No Follow - Up Needed
☐ Phone Call Follow
☐ SI Opened

AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT:

Michigan Department of Licensing and Regulatory Affairs

Name of Facility/Home	License Number	Name of Person Directly Involved	
Beacon Home - Anchor Point South	AM800267886	Morgan Joseph	Resident ☐ Employee ☐ Visitor
Facility Address 28720 63rd Street		Address 28720 63rd Street	
Facility Phone 269-427-7508		City/State/Zip Code Bangor Michigan 49013	
Licensee Name Beacon Specialized Living Services, Inc.		Phone 269-427-7508	Case Number (if applicable)

OTHER PERSON(S) INVOLVED / WITNESSES:

Name		Name	
	☐ Resident ☐ Employee ☐ Visitor		☐ Resident ☐ Employee ☐ Visitor
Name		Name	
	☐ Resident ☐ Employee ☐ Visitor		☐ Resident ☐ Employee ☐ Visitor

FACTS OF THE INCIDENT (ATTACH ADDITIONAL PAGES AS NEEDED):

Date of Incident	Time: ☐ AM	Name of Employee Assigned to Resident (if Applicable)	Location of Incident (Kitchen, Yard, etc.)
1/3/2025	09:05 ☑ PM	Jerome white	Yard

Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):
Tonight at 9:05p.m. Joseph was present in the home for room checks. Staff checked the bathrooms and each clients room to see if Joseph was in the home, staff notified the Lead that notified the Float that Joseph was missing. Joseph was returned to the home with the float injury free at 9:45p.m. staff verbally reminded Joseph of his consumer right and responsibilities.

Action taken by Staff / Treatment Given (Attach separate sheet if necessary):
Joseph was returned to the home with the float injury free at 9:45p.m. staff verbally reminded Joseph of his consumer right and responsibilities.

Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):
Staff called for back-up from the night float once it was found the Joseph was not in his room to assist in locating Joseph. The float found Joseph walking between the homes and was encouraged to return to the home to ensure his health and safety as well as his whereabouts. Joseph was reminded that it is not safe to walk away from the home after dark and also reminded him that his peers are sleeping in the other homes and do not want their quiet home disrupted. Staff were instructed to continue to monitor Joseph by increasing safety checks due to him walking away from the home during the evening hours.

Name of Treating Physician / Health Care / Medical Facility / Hospital	Phone Number	Date Care Given	Time: AM PM

Physician's Diagnosis of Injury, Illness or Cause of Death, if known

PERSON(S) NOTIFIED:

AFC Licensing	Notification Date/Time Written Notice/Date	Adult Protective Services (if applicable)	Notification Date/Time
Physician or RN (if applicable)	Notification Date/Time	Office of Recipient Rights (if applicable) Gogebic ORR	Notification Date/Time 01/06/2025 01:00 AM
Responsible Agency Janet Digiorgio	Notification Date/Time 01/06/2025 01:00 AM Written Notice / Date	Law Enforcement Agency (if applicable)	Notification Date/Time
Designated Representative / Legal Guardian Regina Morgan	Notification Date/Time 01/13/2025 01:00 AM Written Notice/Date	Other (please specify)	Notification Date/Time

SIGNATURE(S):

Signature of Person Completing Report	Print Name and Title	Date
Jerome white	Dcs	1/4/2025
Signature of Licensee / Licensee Designee / Administrator Nichole VanNiman VP Operations	Print Name and Title Nichole VanNiman VP Operations	Date

BEACON Specialized Living

Change of Status

Send to Operations for approval within 24 hours of any status change
Operations will send to HR, and HR will forward to Payroll

Employee Name: Jessie Ballard Title: DSP

Location: Anchor Pointe Effective Date: 4/1/2025

I. PLEASE CHECK ALL BOXES THAT APPLY - SUBMIT ALL DOCUMENTATION WITH THIS COS:

- ☐ Transfer
- ☐ Promotion
- ☐ Resignation (Voluntary) *Last Day Worked:* _____
- ☐ FLMA *(Form Attached)*
- ☐ Non-FMLA *(Form Attached)*
- ☑ Termination (Involuntary) *Last Day Worked:* 1/19/2025
- ☐ Contact Information
- ☐ Wage Change
- ☐ Eligible for Rehire? ☑ *If no, why?* _____
- ☐ Address Change
- ☐ Return from Leave of Absence *(Requires Medical Documentation)*
- ☐ Name Change *(Submit Legal Proof & SS Card Change)*
- ☐ Worker's Compensation *(Requires Medical Documentation)*
- ☐ Uniform Deduction *Amount:* _____
- ☐ Change in Employment Status *(Part to full-time or vice versa)*

Employee Address: _____ City, St, Zip: _____

Phone Number: *(Cell)* _____ *(Home):* _____

II. EMPLOYEE STATUS: Full Time | Part Time On Call

III. LOCATION CHANGE/TRANSFERS

FROM: _____ TO: _____

Job Title & Location *Job Title & Location*

IV. PROMOTION OR WAGE CHANGE:

☐ Level Change: From: _____ To: _____ ☐ Annual ☐ Promotion
(Forms attached) ☐ Suspension, duration: _____

Current Pay Rate: _____ Amount of Increase: _____ New Pay Rate: _____

Level VI or Above: Bonus Potential: _____

Email:	☐ Yes	☐ No	Computer:	☐ Yes	☐ No
Credit Card:	☐ Yes	☐ No	Company Phone:	☐ Yes	☐ No
			Cellphone Reimbursement:	☐ Yes	☐ No

V. APPROVALS: *Employees signature is required only if changing their own personal information*

_____ _____ 4/30/2025 _____

Supervisor Signature & Date *Director Signature & Date* *Employee Signature & Date*