



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 2, 2025

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

RE: Application: AM390418975  
**Beacon Home At Stagecoach Center**  
**11218 Miller Dr.**  
**Galesburg, MI 49053**

Dear Nichole VanNiman:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM390418975
<b>Applicant Name:</b>	Beacon Specialized Living Services, Inc.
<b>Applicant Address:</b>	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
<b>Applicant Telephone #:</b>	(269) 427-8400
<b>Licensee Designee:</b>	Nichole VanNiman
<b>Administrator:</b>	Aubry Napier
<b>Name of Facility:</b>	Beacon Home At Stagecoach Center
<b>Facility Address:</b>	11218 Miller Dr. Galesburg, MI 49053
<b>Facility Telephone #:</b>	(269) 427-8400
<b>Application Date:</b>	11/08/2024
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL TRAUMATICALLY BRAIN INJURED

## II. METHODOLOGY

05/22/2024	Inspection Completed-Fire Safety : A refer to AM390337021
11/08/2024	Enrollment
11/08/2024	Application Incomplete Letter Sent
11/08/2024	PSOR on Address Completed
11/08/2024	Inspection Report Requested - Health Inv 1034729
11/08/2024	File Transferred To Field Office
11/15/2024	Application Incomplete Letter Sent via email to licensee designee
11/20/2024	Contact-Documents Received-Facility/licensee/administrator records
12/09/2024	Inspection Completed-Env. Health : A
01/25/2025	Inspection Completed- BFS Inspection: A
03/20/2025	Inspection Completed-Env. Health : A
04/01/2025	Inspection Completed On-site
05/19/2025	Inspection Completed On-site
05/19/2025	Application Complete/On-site Needed
05/23/2025	Inspection Completed-BCAL Full Compliance

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

Beacon Home At Stagecoach Center has been licensed as of 12 bed medium group home since 1989. A new license has been submitted due to a change of ownership.

Beacon Home At Stagecoach Center is a two-story home located in a semi-rural area of Galesburg that sits on over an acre of land near Galesburg Speedway Racetrack, grocery stores and restaurants. The main level of the home includes a living room, a kitchen, dining area, 3 full resident bathrooms, staff office, laundry room, 8 resident bedrooms with a private half bathroom and 1 resident bedroom near the front of the

home. The second floor of the home needs renovation therefore residents will not have access to the second floor. The basement of the home will be used for storage and residents will not have access to this area. The home is wheelchair accessible and has at least two approved means of egress with one exit door equipped with a ramp from the first floor and the other exit door is at grade from the first floor. The home utilizes private water supply and sewage disposal system. On 3/20/2025, the Kalamazoo Health Department conducted an inspection and found this system to be in substantial compliance with applicable environmental health rules.

There is a gas furnace and water heater located in the basement of the home in an approved heating plant room constructed of material which has a 1-hour-fire resistance rating and equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware. The door to the basement level is equipped with a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware at the top of the stairs. The furnace was inspected and approved on 3/17/2025 by a licensed professional.

The facility is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. Smoke detectors are located on each level of the home, in sleeping areas and in areas of the home that contain heat producing equipment and is fully sprinkled. The facility is equipped with fire extinguishers which are located on each floor of the home. The facility was inspected by the Bureau of Fire Services on 01/25/2025 and determined to be in full compliance with the applicable fire safety administrative rules.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 x 13	156 sq ft	1
2	11 x 17	187 sq ft	1
3	11 x 17	187 sq ft	1
4	11 x 17	187 sq ft	2
5	11 x 17	187 sq ft	2
6	11 x 13	143 sq ft	1
7	11 x 12	132 sq ft	1
8	11 x 12	132 sq ft	2
9	11 x 12	132 sq ft	1

The indoor living and dining areas measure a total of 1100 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 12 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

The applicant intends to provide 24-hour supervision, protection and personal care to 12 male and female residents who are physically handicapped, mentally ill, developmentally disabled, and traumatically brain-injured. The program will include social interaction, training to develop personal hygiene, personal adjustment, public safety and independent living skills, opportunity for involvement in educational or day programs or employment and transportation. The applicant intends to accept referrals from Community Mental Health agencies.

**If needed by residents**, behavior interventions and specialized interventions will be identified in the assessment plans. These interventions shall be implemented only by staff trained in the intervention techniques.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including the public schools and library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

## **C. Applicant and Administrator Qualifications**

The applicant is Beacon Specialized Living Services, Inc., which is a "For Profit Corporation" established in Michigan. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Beacon Specialized Living Services, Inc. has submitted documentation appointing Nichole VanNiman as licensee designee for this facility and Aubry Napier as the administrator of the facility.

Criminal history background checks of Nichole VanNiman and Aubry Napier were completed, and they were determined to be of good moral character to provide licensed adult foster care. Nichole VanNiman and Aubry Napier submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Nichole VanNiman and Aubry Napier have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Nichole VanNiman and Aubry Napier are currently the licensee designee and administrator for several adult foster care home owned and operated by Beacon Specialized Living Services, Inc therefore have an abundance of experience working with mentally ill, developmentally disabled and traumatically brain injured populations.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 2 staff for 12 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to

changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees. The applicant acknowledge the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing “direct access” to residents or resident information or both utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home. The applicant acknowledged the responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis. The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident’s file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident’s personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

#### **I. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 12 residents.



Ondrea Johnson  
Licensing Consultant

5/23/2025  
Date

Approved By:



06/02/2025

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Dawn N. Timm  
Area Manager

Date