



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 30, 2026

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

RE: License #: AM800267887  
Beacon Home At Breakwater East  
28730 63rd Street  
Bangor, MI 49013

Dear Licensee Designee:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

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

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

Sincerely,

A handwritten signature in blue ink that reads "KDuda".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AM800267887

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

**Licensee Address:** Suite 110  
890 N. 10th St.  
Kalamazoo, MI 49009

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

**Licensee Designee:** Nichole VanNiman

**Administrator:** Israel Baker

**Name of Facility:** Beacon Home At Breakwater East

**Facility Address:** 28730 63rd Street  
Bangor, MI 49013

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

**Original Issuance Date:** 08/03/2005

**Capacity:** 10

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/13/2026

Date of Bureau of Fire Services Inspection if applicable: 01/22/2026 A-Rating

Date of Health Authority Inspection if applicable: 03/23/2026 A-Rating

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.
- E-scores reviewed? (Special Certification Only) Yes  No  N/A   
If no, explain.
- Water temperatures checked? Yes  No  If no, explain.  
118 degrees
- Incident report follow-up? Yes  No  If no, explain.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
N/A
- Number of excluded employees followed-up? 9 N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.661                      Bedroom furnishings.**

**(4) Resident bedrooms must have lighting for reading and other activities, equipped with an accessible mirror appropriate for grooming, and provisions to allow a resident to mount pictures or decorative items on walls.**

The overhead lights in the residents' bedrooms are controlled by a main switch accessible only to staff. Each bedroom did have alternative lighting such as mini dome lights and strand lights. However, the lighting was not bright and sufficient for reading or other activities.

### IV. RECOMMENDATION

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



4/30/26

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Kristy Duda  
Licensing Consultant

Date