



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2026

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

RE: License #: AM030402101
Investigation #: 2026A0583039
Beacon Home at Hammond

Dear Ms. VanNiman:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please 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) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 333-9702

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM030402101
Investigation #:	2026A0583039
Complaint Receipt Date:	05/26/2026
Investigation Initiation Date:	05/27/2026
Report Due Date:	06/25/2026
Licensee Name:	Beacon Specialized Living Services, Inc.
Licensee Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Licensee Telephone #:	(269) 427-8400
Administrator:	Nichole VanNiman
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home at Hammond
Facility Address:	318 East Hammond Street Otsego, MI 49078
Facility Telephone #:	(269) 427-8400
Original Issuance Date:	07/09/2020
License Status:	REGULAR
Effective Date:	01/26/2026
Expiration Date:	01/25/2028
Capacity:	12
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. ALLEGATION(S)

	Violation Established?
Staff do not follow Resident A's special diet.	Yes

III. METHODOLOGY

05/26/2026	Special Investigation Intake 2026A0583039
05/27/2026	Special Investigation Initiated - On Site
06/02/2026	APS Referral
06/09/2026	Exit Conference Licensee designee Nichole VanNiman

ALLEGATION: Staff do not follow Resident A's special diet.

INVESTIGATION: On 05/27/2026 complaint allegations were received from LARA-BCHS-Complaints. The complaint stated, "(Resident A) was placed on a pureed diet and then a mechanical diet and it is questioned if staff followed these orders. In addition, on 5/19/26 it is reported Nina (staff) gave (Resident A) a full granola bar to eat in her room which does not fit the mechanical diet".

On 05/27/2026 I completed an unannounced onsite investigation at the facility and privately interviewed staff Ann Wiley and Resident A.

Ms. Wiley confirmed that Resident A has a history of choking on her food. She stated Resident A does not have an appointed guardian. She stated that Resident A was prescribed a "mechanical diet" on "around 05/11/2026" which mandates that staff provide food "cut up as fine as possible" and "shakes". She stated that staff are educated regarding the special diet and have followed it except for one incident involving staff Nina Azevedo. Ms. Wiley stated that Ms. Azevedo acknowledged giving Resident A a full granola bar on 05/19/2026. She stated that Resident A was not harmed after consuming the granola bar and Ms. Azevedo was educated to follow the special diet.

Resident A stated she is prescribed a mechanical diet due to her history of choking. She stated that on 05/19/2026 Ms. Azevedo gave her a granola to eat. She stated that the granola was not aligned with the special diet and she did not choke while consuming it. She stated that besides that incident, all staff follow her mechanical diet, and she is happy with the care staff provide.

On 05/28/2026 I received an email from Ms. Wiley that contained a medical order from Dr. Bahram Elami. I observed the order was signed on 05/11/2026 and states that Resident A requires a mechanically soft diet and nutritional shakes.

On 06/02/2026 I completed an Adult Protective Services complaint via the online portal.

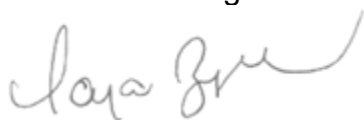
On 06/02/2026 I interviewed staff Nina Azevedo via telephone. She stated she is educated on Resident A's special diet. She stated that she has never given Resident A granola bar but rather gave her "soft cookies and milk" because Resident A refused her shake. She stated that the incident occurred while Resident A was prescribed the mechanical diet and she did not choke on the cookies.

On 06/09/2026 I completed an exit conference via telephone with licensee designee Nichole VanNiman. She did not dispute the findings and agreed to submit a Corrective Action Plan.

APPLICABLE RULE	
R 400.663	Nutrition; adoption by reference.
	(5) A resident who has a prescribed diet by an appropriately licensed health care professional shall be provided that diet.
ANALYSIS:	On 05/11/2026 Dr. Bahram Elami prescribed Resident A a mechanically soft diet and nutritional shakes. Staff Nina Azevedo confirmed that she did not follow Resident A's diet when she provided Resident A with "soft cookies". A preponderance of evidence supports that a violation of the applicable rule occurred. Staff did not follow Resident A's special diet.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the licensing status.



06/09/2026

Toya Zylstra, Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink, appearing to read "Jerry Hendrick".

06/08/2026

Jerry Hendrick, Area Manager

Date