GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 2, 2026

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

RE: Application #: AM390418976
Beacon Home At River Run
716 Leenhouts St
Kalamazoo, MI 49048

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 and specialized certification for the developmentally disabled and mentally ill populations 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,

Cathy Cushman

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM390418976
Applicant Name:	Beacon Specialized Living Services, Inc.
Applicant Address:	Suite 110 890 N. 10th St. Kalamazoo, MI 49009
Applicant Telephone #:	(269) 427-8400
Administrator:	Aubry Napier
Licensee Designee:	Nichole VanNiman
Name of Facility:	Beacon Home At River Run
Facility Address:	716 Leenhouts St Kalamazoo, MI 49048
Facility Telephone #:	(269) 427-8400
Application Date:	11/08/2024
Capacity:	12
Program Type:	AGED DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

05/14/2024	Inspection Completed-Fire Safety : A - refer to AM390259947
09/04/2024	Comment - inspection requested on 9/4/24 for health inv 1034619 under AM390259947
11/08/2024	Enrollment
11/08/2024	Application Incomplete Letter Sent
11/08/2024	PSOR on Address Completed
11/08/2024	File Transferred To Field Office
11/13/2024	Inspection Completed-Env. Health : A – refer to AM390259947
11/15/2024	Application Incomplete Letter Sent
11/20/2024	Contact - Document Received - Received the following via email: Financial report for BSLS, org chart, Budget, Permission to inspect, CMH contract and list of CMH's, staffing pattern, discharge/admission/refund policies, job descriptions, and policies
11/20/2024	Contact - Document Received - Received policies and procedures, program statement, lease, AN training info/experience, NV training/experience info, furnace/cooling system inspection, and fire alarm inspection.
12/02/2024	Contact - Document Sent - Requested permission to inspect to be updated.
02/14/2025	Contact - Document Received - Email correspondence between licensee and BCHS director regarding zoning approval. Requested licensee obtain email from township documenting the property is zoned R1-B and that they do not have any concerns with you continuing to operate an adult foster care small group home at this location.
07/23/2025	Contact - Document Sent - Email to licensee's executive vice president of operations - Michigan, requesting if an email was ever received regarding zoning.
07/30/2025	Contact - Document Received - Zoning approval
08/07/2025	Contact - Document Sent - Sent 2nd app incomplete letter identifying the additional documents needed for original. Also, requested onsite inspection.

09/03/2025	Inspection Completed On-site
09/03/2025	Inspection Completed-BCAL Sub. Compliance
09/05/2025	Contact - Document Sent - Sent confirming letter to LD and Administrator
10/24/2025	Inspection Completed-Fire Safety : A - refer to AM390259947
05/13/2026	Contact - Document Received - Licensee staff, Melissa Williams, - Vice President of Business Development- Michigan, contacted me regarding status update on license. I informed her I had not heard from licensee since I sent confirming letter after onsite inspection from 09/2025. I informed her physical plant corrections needed to be made and items were still outstanding on app incomplete letter. She documented that she would address these items and get back to me.
06/01/2026	Contact - Document Received - electrical inspection dated 05/02/2026, basement layout
06/03/2026	Contact - Document Sent - Resent confirming letter from last inspection noting what items I still need.
0616/2026	Contact - Document Received - Furnace inspection dated 03/16/2026
06/16/2026	Contact – Document Received - Statement about heating/cooling in facility, fireplaces, and ceiling tiles.
06/23/2026	Inspection Completed On-site
06/26/2026	Inspection Completed-BCAL Full Compliance
06/30/2026	Contact – Document Received – Updated medical clearances for LD and Administrator
07/02/2026	Application Complete/On-site Needed
07/02/2026	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility has been licensed as an adult foster care facility since 2003 under different ownerships. It is located near a dead-end street in the Comstock Township of Kalamazoo County within a primarily residential neighborhood. It has convenient access to major roadways, including Gull Road (M-343), Sprinkle Road, Interstate 94 (I-94), and US-131, making travel throughout Kalamazoo County and surrounding communities convenient. The facility is approximately 10 minutes from downtown Kalamazoo, 15 minutes from Portage, 8 minutes from I-94 and 15 minutes from US-131.

The facility is located within easy access to a variety of community resources. Grocery stores, pharmacies, department stores, restaurants, banks and convenience stores are located within minutes along the Gull Road commercial corridor. Nearby churches, parks, recreational facilities, and healthcare providers offer additional opportunities for community involvement and support. The facility is located approximately 7 minutes from Beacon Health System, 12 minutes from Bronson Methodist Hospital and 10-12 minutes from Integrated Services of Kalamazoo (ISK) Behavioral health Urgent Care and Access Center. The proximity to emergency rooms, behavioral health services, and other essential resources help ensure residents can readily access needed medical care and community services.

Parking is available onsite via the facility's driveway, with additional street parking available for visitors as needed.

Due to the facility's location, it utilizes private water and sewer systems. The facility was previously licensed under Adult Foster Care license # AM390259947, and the environmental health inspection completed under that license is being used for this license's enrollment. The inspection was conducted on 11/13/2024 by the Kalamazoo County Environmental Health Department and determined to be in substantial compliance with all applicable environmental health and safety rules.

Zoning approval, dated 07/30/2025, was submitted by the applicant documenting the Zoning Administrator for Comstock Township has the facility zoned as R1-B and documented the facility is presently used as an adult foster care/group home.

Ownership of the property was verified through a review of the Comstock Township property tax records maintained in the BS&A Online property database. The records identify Leenhouts Street LLC as the property owner. The property is leased to Beacon Specialized Living Services, Inc. A copy of the executed lease agreement was reviewed and confirms the property is authorized to operate as an Adult Foster Care (AFC) facility. Additionally, a letter dated 12/02/2024, signed by the Chief Growth Officer on behalf of Leenhouts Street LLC, was reviewed. The letter grants Michigan Department of Licensing and Regulatory Affairs (LARA) permission to inspect the property. Beacon

Specialized Living Services, Inc is owned by The Vistria Group, a Chicago, Illinois-based healthcare investment firm that acquired the organization in 2022.

The facility is a single-story ranch style home with a partially finished basement. The facility does not have wheelchair ramps, or two approved at-grade means of egress from the first floor; therefore, the facility is not wheelchair accessible and cannot accept residents who require the regular use of a wheelchair. The primary means of egress is located through the front door, and the secondary means of egress is in the dining room, which leads to a covered porch and backyard.

The main entrance to the home opens into a foyer and central living room. Adjacent to the living room are the kitchen, a sitting room, dining room and a half bathroom consisting of a sink, toilet, and mechanical fan for ventilation. The basement stairs are located near the half bathroom. The left side of the facility contains four resident bedrooms (bedrooms #1-4), laundry room with electric washer and dryer vented to the outside using permanent metal duct work, and bathroom consisting of a tub/shower combination, sink, toilet, mechanical fan and window for ventilation. Resident bedroom #4 has a private en-suite bathroom with a stand-up shower, sink, and toilet. Although this bathroom does not have mechanical fan for ventilation it is equipped with a window and is reserved exclusively for the resident(s) assigned to bedroom #4.

The right side of the facility contains four resident bedrooms (bedrooms #5-8) and a bathroom equipped with a walk-in shower, toilet, sink and mechanical fan for ventilation. Bedroom #8 is located directly off the dining, while bedrooms #5-#7 are accessed from the hallway.

The basement is accessed by the stairs near the kitchen. The basement is not used as resident living space and is utilized primarily for administrative, storage, and building support functions. Residents do not routinely access the basement except on an occasional basis for activities such as meeting with management or participating in scheduled meetings.

The basement includes an office, kitchen/break area, pantry, multiple storage rooms, a staff bathroom, which consists of a shower/tub combination, sink and toilet, and another set of stairs leading to the outside of the facility. Additionally, there are multiple mechanical rooms in the basement containing the facility’s gas furnaces and hot water heater. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the bottom of the stairs to create floor separation with an additional door at the top of the stairs. Each mechanical room is also equipped with a 1-3/4 inch solid core door or equivalent equipped with an automatic self-closing device and positive latching hardware.

The furnace and electrical system were inspected on 03/16/2026 and 05/02/2026 by licensed professionals, respectively, and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be considered.

The facility has a gas fireplace in the living room; however, the applicant submitted a statement documenting that the gas lines were disconnected and the fireplaces will not be utilized.

The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected by a licensed electrician on 05/02/2026 and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The facility is equipped with an approved pull station alarm system. The Bureau of Fire Services conducted an inspection of the facility on 10/24/2025 under AFC license # AM390259947 and determined the facility to be in substantial compliance with fire safety standards.

The facility is situated on approximately 1 acre of land and provides adequate outdoor space for residents.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11'10" x 15'2"	179 sq ft	2
2	11'11" x 11'11"	142 sq ft	2
3	11'11" x 8'7"	102 sq ft	1
4	16'11" x 13'7"	229 sq ft	2
5	9'11" x 8'4" + 4'3" x 2'2"	91 sq ft	1
6	11'7" x 7'7"	87 sq ft	1
7	8'8" x 9'6"	82 sq ft	1
8	16'7" x 16'6"	273 sq ft	2

The living, dining, and sitting room areas measure a total of 900 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve** (12) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to twelve (12) male and female ambulatory adults whose diagnosis is developmentally disabled, mentally ill, or aged in the least restrictive environment possible. The applicant intends to offer a specialized program of services and supports that will meet the unique programmatic needs of these populations, as set forth in their assessment plans and individual plans of service. Residents' individual plans of service will include goals related to working towards moving from the facility and into a less restrictive environment.

The facility's program will provide person centered care in the least restrictive environment through individualized service planning, professional assessments, and treatment focused on improving each resident's physical, emotional, social, and intellectual functioning. Services include personal care, medication support, psychiatric and nursing services, community-based supports, recreational and skill building activities, transportation to appointments and community outings, and opportunities to maintain relationships with family, friends, and spiritual supports. The facility's services are delivered through an individualized and person centered planning process.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident's social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from local community mental health agencies and local Department of Health and Human Services as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement and shall provide or arrange transportation for residents.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Beacon Specialized Living Services, Inc., which is a “For Profit Corporation”, which was established in Michigan, on 05/12/1998. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. 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 applicant appointed Nichole VanNiman as Licensee Designee and Aubry Napier as the Administrator for this facility. A licensing record clearance request was completed with no LEIN convictions recorded for either Nichole VanNiman. Both Nichole VanNiman and Aubry Napier submitted medical clearances with statements from their physicians documenting their good health.

Both Nichole VanNiman and Aubry Napier provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. They both have extensive history as the licensee designee and administrator for multiple adult foster care facilities for Beacon Specialized Living Services, Inc over numerous years overseeing the management, daily operations, and have assisted residents who are aged, developmentally disabled, mentally ill, traumatically brained injured, and physically handicapped. Nichole VanNiman also has a master’s degree in business management focusing on healthcare management. They both possess management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 12 bed facility is adequate and includes a minimum of 2 staff to 12 residents per shift. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges 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 and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks

utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance. The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can 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 acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care. The applicant acknowledges their 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 acknowledges their 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 acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document 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 acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

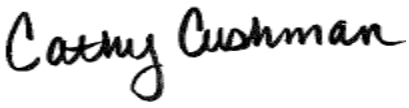
The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license and specialized certification for the developmentally disabled and mentally ill populations to this adult foster care medium group home with a maximum capacity of 12 residents.



07/02/2026

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Cathy Cushman Date
Licensing Consultant

Approved By:

07/02/2026

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Dawn N. Timm Date
Area Manager