



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2026

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

RE: License #: AM030402101
Investigation #: 2026A0470004
Beacon Home at Hammond

Dear Ms. VanNiman:

Attached is the Special Investigation Report for the above-mentioned 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 party responsible and a date.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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, reading "Gene Coulter". The signature is written in dark ink on a white background.

Gene Coulter, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
269.249.8479
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 #:	AM030402101
Investigation #:	2026A0470004
Complaint Receipt Date:	06/12/2026
Investigation Initiation Date:	06/17/2026
Report Due Date:	08/11/2026
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?
Resident A funds were used in an unauthorized manner by direct care staff.	Yes

III. METHODOLOGY

06/12/2026	Special Investigation Intake 2026A0470004
06/17/2026	Special Investigation Initiated - Face to Face AFC staff, Ann Wiley
06/17/2026	Inspection Completed On-site
06/29/2026	Adult Protective Services Referral
07/22/2026	Integrated Services of Kalamazoo staff Spoke with Keyona Ford, by telephone
07/30/2026	Exit Conference with Nichole VanNiman

ALLEGATION: Resident A funds were used in an unauthorized manner by direct care staff.

INVESTIGATION: On 6/12/2026, a complaint was received alleging a resident's personal funds had been used in an unauthorized manner, by direct care staff.

On 6/17/2026, an unannounced, onsite inspection was completed at the facility. Staff/care team manager, Ann Wiley, was interviewed regarding allegation. Ms. Wiley informed me that she and Resident A went to Wild Bills store to purchase items for Resident A. When they went to pay for the items, Resident A's debit card was declined. Ms. Wiley stated she asked the cashier to run the debit card a second time and it was declined again. Ms. Wiley stated she paid for Resident A's items and upon returning to the facility, she placed a call to Resident A's debit card company (Trulink) to inquire about purchases on the debit card. Ms. Wiley stated Trulink listed all the activities on card, which were eleven Tik Tok purchases totaling \$317.13. Ms. Wiley informed me that she was the only one with the key to the facility's fund drawer and there was only one other staff, who had taken Resident A, to secure items in the past. Ms. Wiley provided me with the other direct care staff's name and contact number, Mercedes Martin, who had taken Resident A to the store in the past.

On 6/17/2026, I received a printout from Ms. Wiley listing dates from Trulink of

transactions dates/amounts spent on Resident A's debit card, which were eleven, in the amount of \$317.13.

On 6/22/2026, I spoke with Mercedes Martin by telephone to discuss the theft allegation regarding Resident A. Ms. Martin denied the allegation and stated she was not the only person to have taken Resident A to secure items from the store in the past.

On 7/22/2026 I spoke with ISK staff, Keyonna Ford regarding theft allegation concerning Resident A. Ms. Ford informed me that she had interviewed several of the direct care staff and all stated no one has access to the clients' funds but Ms. Wiley. Ms. Ford further stated per law enforcement, they were not going to pursue criminal charges against Ms. Martin due to not having sufficient evidence.

On 07/30/2026, I conducted an exit conference with Ms. Van Niman. Ms. Van Niman stated she was fine with the corrective action plan and she would now have any staff that takes a resident on a shopping outing sign and date the receipts, which will assist with accountability.

APPLICABLE RULE	
R 400.637	Handling of resident funds and valuables.
	(11) Alicensee, staff, volunteers, members of the household, and their family members cannot accept, take, or borrow money, resident funds, or valuables from a resident, even with the consent of the resident.
ANALYSIS:	Based on the investigative findings, there is sufficient evidence to support a rule violation that direct care staff used Resident A's debit card without her consent.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

I recommend that upon the receipt of a Corrective Action Plan, the status of the license remain unchanged.



07/31/2026

Gene Coulter
Licensing Consultant

Date

Approved By:

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

07/31/2026

Jerry Hendrick
Area Manager

Date