



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

February 21, 2013

Connie Clauson
Baruch SLS Inc
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: Application #: AL700289600
Georgetown Manor - East
141 Port Sheldon Road
Grandville, MI 49418

Dear Mrs. Clauson:

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 20 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 (616) 356-0100.

Sincerely,

Grant Sutton, Licensing Consultant
Bureau of Children and Adult Licensing
Unit 13, 7th Floor
350 Ottawa, NW
Grand Rapids, MI 49503
(616) 916-4437

enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #: AL700289600

Applicant Name: Baruch SLS Inc

Applicant Address: Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

Applicant Telephone #: (616) 464-1564

Administrator/Licensee Designee: Connie Clauson, Designee
Brian Nitz, Administrator

Name of Facility: Georgetown Manor - East

Facility Address: 141 Port Sheldon Road
Grandville, MI 49418

Facility Telephone #: (616) 457-3050

Application Date: 04/09/2007

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODOLOGY

04/09/2007	Enrollment
04/12/2007	Application Incomplete Letter Sent 1326's for Connie Clauson & Brian Nitz
04/12/2007	Inspection Report Requested - Health 1012178
04/12/2007	Inspection Report Requested - Fire Change of Ownership
04/30/2007	Contact - Document Received 1326's for Connie Clauson & Brian Nitz
05/02/2007	File Transferred To Field Office Grand Rapids
05/04/2007	Comment App rec'd in GR
05/07/2007	Application Incomplete Letter Sent
12/10/2007	Contact - Telephone call made Licensee designee; status?
02/05/2008	Contact - Telephone call made Licensee designee; status?
02/06/2008	Contact - Telephone call received Licensee designee; working with architect to get plans submitted
04/23/2008	Inspection Report Requested - Fire 2nd request to BFS
02/04/2010	Contact - Telephone call received Contact from licensee designee; architect to submit plans for review
03/10/2010	Inspection Completed-Env. Health : A
03/19/2010	Contact - Telephone call received BFS/Lansing requested BCAL 1712 form
03/19/2010	Contact - Document Sent BCAL 1712 {re}faxed to BFS/Lansing
03/22/2010	Contact - Document Sent

Letter reiterating Application Incomplete letter and requested time to review policies, etc.

03/29/2010 Contact - Document Received
BFS; contingent approval of plans submitted

06/24/2010 Inspection Completed On-site

03/17/2011 Contact - Telephone call received
Update from licensee designee; meeting with sprinkler company next week.

08/29/2011 Contact - Telephone call made
Message left for licensee designee; status?

09/08/2012 Contact - Telephone call made
BFS Lansing; waiting for alarm & sprinkler plan approval(s)

09/09/2011 Contact - Telephone call made
Message for licensee designee; status?

09/16/2011 Contact - Telephone call received
Licensee designee; meeting with architect next week

11/03/2011 Contact - Telephone call made
Message for licensee designee; status?

02/16/2012 Contact - Telephone call made
Message for licensee designee; status?

02/24/2012 Contact - Telephone call received
Message from licensee designee

03/19/2012 Contact - Telephone call made
Message for licensee designee; status?

03/22/2012 Contact - Telephone call received
Message from licensee designee; working with BFS in Lansing

05/02/2012 Contact -Telephone call made
Message for licensee designee; status?

05/02/2012 Inspection Completed-Env. Health: A

06/21/2012 Contact - Telephone call received
Licensee designee; discussed pending fire safety rule changes

07/03/2012	Contact - Telephone call made BFS; Applicant does not have to file a new application for rule changes to occur in July.
07/05/2012	Contact - Document sent Application incomplete letter (reminder)
07/17/2012	Contact - Telephone call received Representative from Baruch SLS; updates
07/25/2012	Contact - Document received Information requested in App. Incomplete letter. Still need (updated) Record Clearance for licensee designee
08/13/2012	Contact - Document received Record Clearance for licensee designee
08/15/2013	Inspection Completed On-site Original
08/15/2012	Confirming Letter Sent
08/16/2012	Inspection Completed-Fire Safety: C Report received 11/08/2012
11/30/2012	Corrective Action Plan Requested and Due On
02/07/2013	Corrective Action Plan Received
02/07/2013	Corrective Action Plan Approved
02/14/2013	Inspection Completed-Fire Safety: A
02/20/2013	Inspection Completed On-site BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The facility is of a single story layout, constructed without a basement and is located in suburban Georgetown Township, southwest of the city of Grand Rapids. The facility has 20 identical resident bedrooms, each with its' own ½ bath. There are 3 additional full bathrooms, each with bathing facilities. The facility has a combined living and dining room area and a separate kitchen. The facility is barrier free with 2 approved means of egress. The topography of the land around the building allows for exiting without the

need for ramps for wheelchairs. The facility utilizes public water and sewer systems and has arranged for weekly pick up of garbage.

The boiler and gas hot water heater are located on the main floor in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1 ¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkler system is installed throughout.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
20 total	15'6" x 18'4" (x20)	284 sq. ft. (x20)	1(x20)

The living, dining, and sitting room areas measure a total of 1,536 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 **twenty (20)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The facility was previously licensed as a large group home; Georgetown Manor – East, License #AL700074075.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **twenty (20)** male or female adults whose diagnosis is Alzheimer's, aged and/or physically handicapped in the least restrictive environment possible. The Program Statement includes additional services provided by the licensee for individuals diagnosed with Alzheimer's. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept for residents only private pay individuals.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency, if one is assigned.

The licensee will assure the availability of transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational

equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Baruch SLS, Inc., which is a “Non Profit Corporation” was established in Michigan, on 10/02/1997. 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 Baruch SLS, Inc. have submitted documentation appointing Connie Clauson as Licensee Designee for this facility and Brian Nitz as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of 2 staff -to- 20 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 acknowledges 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 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 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 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, 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 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 residents' 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.

VI. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home (capacity 20).



02/21/2013

Grant Sutton
Licensing Consultant

Date

Approved By:



02/21/2013

Jerry Hendrick
Area Manager

Date