



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

SHELLY EDGERTON  
DIRECTOR

October 10, 2017

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

RE: Application #: AL240388304  
Mallard Cove Assisted Living  
2801 Charlevoix Road  
Petoskey, MI 49770

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,

A handwritten signature in cursive script that reads "Marcia S. Elowsky".

Marcia S. Elowsky, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4924

Enclosure

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

**I. IDENTIFYING INFORMATION**

**License/Application #:** AL240388304

**Applicant Name:** Baruch SLS Inc.

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

**Applicant Telephone #:** (616) 285-0573

**Licensee Designee:** Connie Clauson

**Administrator:** Lauri Lee

**Name of Facility:** Mallard Cove Assisted Living

**Facility Address:** 2801 Charlevoix Road  
Petoskey, MI 49770

**Facility Telephone #:** (231) 347-2273

**Application Date:** 04/21/2017

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

04/21/2017	Enrollment
07/27/2017	Inspection Completed On-site
09/22/2017	Inspection Completed-Fire Safety: A
10/09/2017	Inspection Completed On-site

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

This facility is a single-story adult foster care large group home, built in 2011. It is attached to a 20-bed adult foster care facility, Mallard Cove East (AL240388305). The facility is located approximately one mile west of Northern Michigan Regional Hospital. The facility is wheelchair accessible and has 2 approved means of egress at street level. The facility utilizes public water supply and sewage disposal system.

The facility consists of a living, dining and kitchenette area, life enrichment room, library, beauty shop, lobby, office, medication room, laundry room, two public bathrooms and a mechanical room.

The gas furnaces are located in the crawl space. The gas hot water heater is located in the mechanical room. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 09/22/17, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

There are 20 suites for resident occupancy. Each suite's dimension is 18 x 17 feet, including a full bathroom. There is a total of 225 square feet of usable floor space in each suite.

The living and dining areas measure a total of 5250 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 20 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, 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 20 male or female adults who are aged or who are diagnosed with a physical handicap or diagnosed with Alzheimer's disease in the least restrictive environment possible.

The facility will provide a homelike care residence for persons living with certain forms of memory and/or physical impairments which affect an individual's thinking and/or abilities to the extent they are unable to remain living on their own without supervision.

The facility will make a provision for a variety of leisure and recreational activities, with an emphasize on sensory, mental and social stimulation. Community outings and activities may be scheduled and structured, or may be spur of the moment, meeting the ever changing needs of the resident.

Programs for the aged residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction.

Programs for the Physically Handicapped will include will include physical and occupational therapy as prescribed, assistance with activates of daily living and community interaction.

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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.

The licensee will provide for or arrange for transportation for program and medical needs as outlined in each residents Resident Care Agreement. 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, shopping centers, churches, restaurants, local parks and community events.

### **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.

A criminal history background check was conducted for Connie Clauson, Licensee Designee and Lauri Lee, Administrator. They have been determined to be of good moral character. The Licensee Designee and Administrator submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has 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 one staff to 15 residents during waking hours and one staff to 20 residents during sleeping hours. All staff shall 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 facilities 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 training suitability and qualification 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](http://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 with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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

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 resident's personal money transactions that have been agreed to be managed by the applicant.

#### **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 temporary license to this adult foster care large group home (capacity 20).

*Marcia S. Elowsky*

10/10/2017

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Marcia S. Elowsky  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

10/10/2017

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Jerry Hendrick  
Area Manager

Date