



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 28, 2019

Connie Clauson
Baruch SLS, Inc.
Suite 203
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: Application #: AL410375721
Fountain View of Lowell North
11537 E. Fulton
Lowell, MI 49331

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,

Arlene B. Smith

Arlene B. Smith, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL410375721

Applicant Name: Baruch SLS, Inc.

Applicant Address: Suite 203
3196 Kraft Avenue SE
Grand Rapids, MI 49512

Applicant Telephone #: (616) 285-0573

Administrator/Licensee Designee: Connie Clauson, Designee
Elizabeth Nugent, Administrator

Name of Facility: Fountain View of Lowell North

Facility Address: 11537 E. Fulton
Lowell, MI 49331

Facility Telephone #: (616) 897-8413

Application Date: 03/23/2015

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS, AGED

II. METHODOLOGY

02/20/2015	Contact - Document Received Suzanne Bancroft sent an email with attachments: Plan Review / Documentation Fire Alarm System Installation-2012 Adult Foster Care Rules, for the North Building.
02/26/2015	Contact - Document Received Suzanne Bancroft and Nancy Schafer sent an email with attachments: Plan Review / documentation Fire Suppression System Installation, System Type, Sprinkler System Modification, Project Description: Sprinkle new building & both wings -North and South.
03/13/2015	Contact - Document Received Email from Mitch McNeal, Vice President, Business Development. The email stated that they were working on the application for licensing the second building at Fountain view of Lowell and that he expected to have the application and fee ready to send to Lansing early next week.
03/18/2015	Contact - Document Received Email from Mr. McNeal. He stated they were going to submit an application for a new license for the North Building...under Baruch SLS, Inc. He attached copy of the application with the application fees. Connie Clauson was recorded as the Licensee Designee and Rose Hollinshead as the Administrator.
03/23/2015	Enrollment
03/31/2015	Inspection Report Requested - Health 1024066
03/31/2015	Inspection Report Requested - Fire
03/31/2015	Contact - Document Sent Fire Safety String and Rule & ACT Books
03/31/2015	Application Incomplete Letter Sent 1326 for Rose Hollinshead (Admin)
03/31/2015	Contact - Document Received A letter was sent to Connie Clauson from Lansing requesting missing information for Licensing Record Clearance Request (BCAL-1326) for Administrator - Rose Hollingshead
05/11/2015	Contact - Document Received

	Elizabeth Elliott, Licensing Consultant received an email from Suzanne Bancroft, subject Fountain view of Lowell, License #'s AL410289602 and AL410289604 9 (Stonebridge) had logged in the Sprinkler Submittal for BFS Project #137769. Ms. Elliott stated she received this email on 05/11/2015, and these existing licensed facilities and the License numbers were her facilities under Baruch SLS, Inc. not Fountain view of Lowell.
08/12/2015	Contact - Document Received Letter from Ms. Clauson changing the Administrator from Rose Hollinshead to herself.
10/06/2015	Contact - Document Received Received Inspection Report, Fire Marshall Division, Brian Sherman, Fire Marshal Inspector, RE: Installation in North Building final approval of this project.
11/13/2015	Inspection Completed-Env. Health : A
01/11/2016	Contact - Document Received Email from Mr. McNeal with attachments: Mr. Lardie's college Diploma & Resume, Medical Clearance, Record Clearance, and Senior Living Certification.
01/14/2016	Contact - Document Received Inspection from Fire Marshal Division, Brian Sherman, Fire Marshal Inspector: Add delayed egress to Fire Alarm. A final fire safety inspection was completed this date 12/17/2015, Project # 143127. This report may be considered a final approval of this project.
01/14/2016	Contact - Document Sent I sent our letter for change of Administrator.
01/19/2016	Contact - Telephone call made To Mr. McNeal
01/20/2016	Contact – Document Received Revised 1 st . page of application, changing the name of the Administrator from Rose Hollinshead to Kurt Lardie. Rec'd 1326.
01/20/2016	File Transferred to Field Office Grand Rapids.
01/21/2016	Contact – Document Received

	Received an email with a document attached: Table of Contents from Senior Living University Administrator Level One Certification, Training.
01/29/2016	Contact – Document Received Email from Mr. McNeal stating he would get the number over to the firm alarm and fire suppression vendors for them to submit their plans right away.
02/12/2016	Contact – Document Received Email received from Nancy Schafer with an attachment: “Fire Plan Review Report dated 02/11/2016 project 148967.
02/19/2016	Contact - Document Received Email from Mr. McNeal with attachments of Mr. Lardie’s First Aid and CPR certificate.
03/11/2016	Contact - Document Received Received an inspection Report, Fire Marshal Division dated 03/08/2016, Project 137769 Re: add facility for the North and South. Approval of the project.
03/22/2016	Contact - Document Received Email from Mr. McNeal with attachments supporting documentation for Connie Clauson as the Licensee Designee. He also said that the sprinkler company and the alarm company had both received plan approval and have returned the necessary forms to Lansing.
03/22/2016	Contact - Document Received Received email with attachments from Mr. McNeal: Proof of ownership -Warranty Deed for the property, Zoning approval-minutes from township meeting confirming Fountain View’s compliance with zoning regulations.
04/02/2016	Contact - Document Received Received an inspection report, Fire Marshal Division dated 03/08/2016, Project 137769 Re: add facility for North and South. Approval of the project.
04/06/2016	Contact - Document Received Attached Plan Review / Documentation Fire Suppression System Installation F.S. Project 148967.
05/12/2016	Contact – Document Received

	Received the inspection Report from the Fire Marshall, dated 05/03/2016, for Project 148967. A "DISSAPPROVED" was issued.
06/21/2019	Contact – Document Received Attached "Plan Review / Documentation Fire Suppression System Installation F.S. Project 14867. New Suppression system, dated 03/10/2016 with 16 compliance expectations." Signed by Adam A. Dailide, Plan Review Division.
01/13/2017	Contact – Document Received Received a letter from Connie Clauson stating that Betsy Nugent was appointed as the new Administrator.
02/08/2017	Contact – Document Received Email received from Mr. McNeal with attachments: The 1326A form and CPR/First Aid Certificate.
02/24/2017	Contact – Document Received Received email form Mr. McNeal with attachments TB testing results and training certificates for Ms. Nugent.
04/16/2017	Contact – Document Received Inspection Report from Kent County Health Department with an "A" rating.
05/03/2017	Contact – Document Received Received Inspection Report, Fire Marshal, dated 03/08/2016, for Project 137769 Re: Add to facility for the North and the South, "Approved."
07/18/2017	Contact – Document Received Received Inspection Report, Fire Marshal Division, dated 05/09/2017, Project 148967, "Approved."
07/20/2017	Contact – Document Received Received Inspection Report, fire Marshal Division, dated 07/17/2017, Fire Services -AFC Part 4, Large Rules/Code3s 2012, Re-Check Annual, Fire Safety Certification, "Approved."
11/07/2018	Initial Inspection Conducted.
11/07/2018	Inspection Environmental by Licensing Consultant.
11/07/2018	Contact – Document Received

	Room Measurements. Ms. Nugent's Physical, TB test results, Org. Chart, Board Members, Budgets, Resident Handbook, Rapid Fire Protection, Inc., inspection report, Ms. Clauson's physical, trainings, Record Clearance & Resume, Mission Statement, Discharge Criteria, Admission Policy, Articles of Incorporation, Charter Township Lowell Zoning, Warranty Deed, and Assessment.
12/07/2018	Contact – Document Received Record Clearance signed by Ms. Nugent, Administrator.
01/30/2019	Contact – Document Received Email from Connie Clauson with a Program Statement.
02/27/2019	Bureau of Fire Safety Inspection "Approval" "A."
06/27/2019	Inspection Completed on Site Full compliance.
06/27/2019	Recommend the issuance of license.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a new Adult Foster Care Home. It is located next to a 20-bed licensed facility, Fountain View of South, Licensed number AL410375718. These 20 bed facilities are connected by a hallway which contains offices, an activity room and a full kitchen. The facility is constructed with bricks and is a one-story facility, all on one level. The facility located is in the Township of Lowell. There is canopy entrance and a vestibule entryway, a dining room, a living room, a kitchen, a nurses' station/office, a TV room, a storage room, a bathroom/shower room, a laundry room, a bathroom, a janitor closet and mechanical room.

The home is wheelchair accessible and has two approved means of egress that are handicapped accessible off the main floor. The home will utilize public water and sewage system.

The boiler and hot water heater are located on the main level in a mechanical room with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system

and is sprinkled system 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
# 1	32' x 16' 2"	517.44	2
# 2	19' 3" x 13'	250.25	1
# 3 is an office			
# 4	19' 3" x 12"	231	1
# 5	19' 3" x 13' 6"	259.875	1
# 6	19' 3" x 11' 1"	213.29	1
# 7	19' 3" x 13' 2"	253.5225	1
# 8	19' 3" x 10' 7"	203.665	1
# 9	19' 3" x 12' 11"	248.71	1
# 10	19' 3" x 10' 7"	203.665	1
# 11	19' 3" x 11' 9"	226.1875	1
# 12	19' 3" x 10' 7"	203.665	1
# 13	19' 3" x 11' 10"	227.7275	1
# 14	19' 3" x 11' 7"	203.665	1
# 15	19' 3" x 10' 7"	203.665	1
# 16	19' 3" x 11' 4"	218.1025	1
# 17	21' 5" x 26' 6"	567.63	2
# 18	19' 3" x 11' 1"	213.29	2

The living, dining, TV room and nurse's room, areas measure a total of 1,731 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) twenty 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) twenty male or female ambulatory or not ambulatory adults whose diagnosis is aged in the least restrictive environment possible. 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 residents who are private pay individuals. They will accept referrals from Area Agency on Aging and the PACE program.

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 not provide all transportation for program and medical needs, but they will make arrangements for the residents. 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 Bruch SLS Inc., which is a “Non Profit Corporation” and was established in Michigan, on 09/25/1997. 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 Bruch SLS, Inc. have submitted documentation appointing Connie Clauson, as Licensee Designee for this facility and Elizabeth Nugent 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 applicant 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 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 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.

IV. RECOMMENDATION

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

Arlene B. Smith

06/28/2019

Arlene Smith
Licensing Consultant

Date

Approved By:

Jerry Hendrick

06/28/2019

Jerry Hendrick
Area Manager

Date