



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

SHELLY EDGERTON
DIRECTOR

May 18, 2016

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

RE: Application #: AL250381017
Hyde Park AL I
3100 Wyndham
Flushing, MI 48433

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 (810) 787-7031.

Sincerely,

A handwritten signature in cursive script that reads "Crecendra Brown".

Crecendra Brown, Licensing Consultant
Bureau of Community and Health Systems
4809 Clio Road
Flint, MI 48504
(810) 931-0965

Enclosure

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

I. IDENTIFYING INFORMATION

License #: AL250381017

Applicant Name: Baruch SLS Inc.

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

Applicant Telephone #: (616) 464-1564

Administrator: Melissa Taylor

Licensee Designee: Connie Clauson

Name of Facility: Hyde Park AL I

Facility Address: 3100 Wyndham
Flushing, MI 48433

Facility Telephone #: (810) 659-3000

Application Date: 01/07/2016

Capacity: 20

Program Type: AGED
ALZHEIMERS
PHYSICALLY HANDICAPPED

II. METHODOLOGY

| | |
|------------|--|
| 01/07/2016 | Enrollment |
| 01/08/2016 | Contact - Document Received Lic summary and letter change of ownership |
| 01/12/2016 | Contact - Document Sent rules and act |
| 01/12/2016 | Application Incomplete Letter Sent need 1326's for C. Clauson and M. Taylor |
| 01/13/2016 | Inspection Report Requested - Fire |
| 01/13/2016 | Contact - Document Sent Fire Safety String |
| 01/13/2016 | Contact - Document Sent fire safety string |
| 01/22/2016 | Inspection Completed – Environmental Health: A |
| 01/26/2016 | Contact - Document Received 1326's for C. Clawson and M. Taylor |
| 01/26/2016 | File Transferred To Field Office Flint/Genesee |
| 01/28/2016 | Application Incomplete Letter Sent |
| 03/08/2016 | Inspection Completed - Fire: A |
| 05/13/2016 | Inspection Completed On-site |
| 05/13/2016 | Exit Conference |
| 05/18/2016 | Application Complete/On-site Needed |
| 05/18/2016 | Inspection Completed-BCAL Full Compliance |
| 05/18/2016 | Recommend License Issuance |

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Hyde Park AL I is located at 3100 Wyndham Drive, Flushing in Genesee County. The physical plant is a one-level vinyl and brick-sided structure with no basement. It consists of a living room, dining room, kitchen, conference room, office, beauty shop, laundry room, and 20 single-occupancy resident bedrooms. There are two separate public restrooms and each resident's bedroom has their own full bathroom with a walk-in shower and a closet. The driveway has adequate parking for staff and visitors. The facility is wheel-chair accessible.

The furnace and hot water heater are located on the main floor in an 1-hour protected enclosure with a 1¾ inch solid core door equipped with an automatic self-closing device. The laundry room is located in the middle of the facility. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

The facility has a public water and sewer system. The facility is also connected to the municipal water supply. An environmental inspection by the Genesee County Health Department was conducted on 01/22 /2016. The facility was determined to be in substantial compliance with all applicable licensing rules pertaining to environmental health.

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

| Bedroom # | Total Square Footage | Total Resident Beds |
|-------------|----------------------|---------------------|
| Bedroom 101 | 146 | 1 |
| Bedroom 102 | 145 | 1 |
| Bedroom 103 | 144 | 1 |
| Bedroom 104 | 144 | 1 |
| Bedroom 105 | 145 | 1 |
| Bedroom 106 | 177 | 2 |
| Bedroom 200 | 143 | 1 |
| Bedroom 201 | 145 | 1 |
| Bedroom 202 | 143 | 1 |
| Bedroom 203 | 143 | 1 |
| Bedroom 205 | 143 | 1 |
| Bedroom 206 | 143 | 1 |
| Bedroom 301 | 146 | 1 |
| Bedroom 302 | 144 | 1 |
| Bedroom 303 | 143 | 1 |
| Bedroom 304 | 142 | 1 |
| Bedroom 305 | 145 | 1 |

| | | |
|-------------|-----|---|
| Bedroom 306 | 177 | 2 |
|-------------|-----|---|

The living, dining, and sitting room areas measure a total of 1017 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Compliance with Rule 400.14410, bedroom furnishings, was demonstrated at the time of the final inspection. The bedrooms were clean, neat and met all applicable rules relating to environmental and fire safety requirements.

The home has four separate and independent means of egress to the outside. The means of egress were measured at the time of the initial inspection and exceed the 30 inch minimum width requirement. The required exit doors are equipped with positive latching non-locking against egress hardware. All the bedroom and bathroom doors have conforming hardware and proper door width.

The bedrooms have the proper means of egress as required by R 400.15508. The interior of the home is of standard lathe and plaster finish or equivalent in all occupied areas. The home meets the environmental and interior finish requirements of rules R 400.15401, R 400.15402, R 400.15403, R 400.15405, R 400.15406 and R 400.15407.

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.

B. Program Description

The applicant, Baruch SLS Inc., submitted a copy of the required documentation. 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 ambulatory adults whose diagnosis is Aged, Alzheimer's, and physically handicapped in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. An assessment plan will be designed and implemented for each resident's social and behavioral developmental needs.

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 Baruch SLS Inc. will ensure that the resident's transportation and medical needs are met. The Baruch SLS Inc. has transportation available for residents to access community-based resources and services. 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

On 01/07/2016, The Baruch SLS Inc. submitted an application to provide foster care services to twenty adults at 3100 Wyndham Drive, Flushing, Michigan.

The applicant, Baruch SLS Inc., which is a “Domestic Non-Profit Corporation”, was established in Michigan, on 10/02/1997. The company is an experienced adult foster care provider, currently operating licensed adult foster care facilities in the State of Michigan. 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 has a board of directors that oversee the company.

The Baruch SLS Inc. submitted a written statement naming Connie Clauson as the licensee designee and Melissa Taylor as the facility administrator. Connie Clauson and Melissa Taylor submitted licensing record clearance requests that were completed with no LEIN convictions recorded. Connie Clauson and Melissa Taylor also submitted medical clearance requests with statements from a physician documenting their good health and current TB-test negative results. Connie Clauson and Melissa Taylor 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 1 staff to 15 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training 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 1 to 15 resident ratios.

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), L-1 Identity Solutions™ (formerly Identix ®), and the related documents required to be maintained in each employees 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 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 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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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. In addition, 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 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 and Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

Crecendra Brown May 18, 2016

Crecendra Brown Date
Licensing Consultant

Approved By:

Mary Holton May 19, 2016

Mary E Holton Date
Area Manager