



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF HEALTH CARE SERVICES

MIKE ZIMMER  
DIRECTOR

June 1, 2015

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

RE: Application #: AM490369296  
Cedar Cove Assisted Living Specialized Care  
266 South Mary L Street  
Cedarville, MI 49719

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 8 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 (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Laura Dupras".

Laura Dupras, Licensing Consultant  
Bureau of Children and Adult Licensing  
234 W. Baraga Ave.  
Marquette, MI 49855  
(906) 290-3428

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM490369296

**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

**Name of Facility:** Cedar Cove Assisted Living Specialized Care

**Facility Address:** 266 South Mary L Street  
Cedarville, MI 49719

**Facility Telephone #:** (906) 484-1001  
11/17/2014

**Application Date:**

**Capacity:** 8

**Program Type:** AGED  
ALZHEIMERS  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

11/17/2014	Enrollment
11/24/2014	Application Incomplete Letter Sent needs fingerprint for Ellie Barr and an updated 1326 for Connie Clauson
01/08/2015	Application Incomplete Letter Sent
01/15/2015	Inspection Completed-Fire Safety : A
01/20/2015	Contact - Telephone call made Phoned health dept to follow up on request for inspection. Stated they did not have request faxed a copy.
01/22/2015	Inspection Completed-Env. Health : A
03/23/2015	Inspection Completed On-site
03/23/2015	Inspection Completed-BCAL Sub. Compliance
03/23/2015	Contact - Document Received email received with zoning, organizational chart, financial statements, proof of ownership, appointment of licensee designee
05/05/2015	Contact - Document Received Received a copy of the plumbing bill and Ms. Barr's medical clearance and TB results
05/19/2015	Contact - Document Received Received a copy of Ms. Clauson's medical clearance and TB results.
05/26/2015	Inspection Completed On-site Verified compliance with water temperatures.
05/26/2015	Inspection Completed-BCAL Full Compliance

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

The facility is in Cedarville, MI, just off M-134 in the Eastern Upper Peninsula of Michigan. Cedarville is a small, quiet community on the northern shores of Lake Huron. The facility is owned by Baruch SLS Inc. who has owned the business since the facility opened in 2011, but recently purchased the property from Cedarville Commons Inc., a private non-profit organization. The purchase of the property required a new license.

The facility is a secure facility with alarms on the doors and a 15 second delay. This facility has 7 bedrooms and is attached to a large group home facility. The two licenses are independent of each other however the meals for both facilities are prepared in the same kitchen. The facility is a single story building with barrier free entrances and living units. The facility also has 15 second delay locks on the doors due to the Alzheimer population that the facility serves.

The building is constructed with a complete automatic fire sprinkling system which has been approved by the fire inspector. There is a municipal sewer that services the facility and a private well which has received approval by the Mackinac Co. Health Department

The staff office is located in the center of the common area which allows a view of the doors of all 7 bedrooms. The very spacious commons area is also visible from the staff office.

The facility has a kitchen which is available for use by the staff however the residents are not able to access it on their own. There is a medical exam room and a very large locked medication room. There are many storage rooms for supplies and each room has a large walk in closet for resident storage. There is a nice fenced and locked patio area that the residents can use at any time.

The common area equals 1491 square feet.

The 7 bedrooms have a half bath with a toilet and a sink.

Unit #1 1 Bedroom 242 sq. ft. Approved capacity 2  
Unit #2 1 Bedroom 158 sq. ft. Approved capacity 1  
Unit #3 1 Bedroom 156 sq. ft. Approved capacity 1  
Unit #4 1 Bedroom 156 sq. ft. Approved capacity 1  
Unit #5 1 Bedroom 156 sq. ft. Approved capacity 1  
Unit #6 1 Bedroom 156 sq. ft. Approved capacity 1  
Unit #7 1 Bedroom 156 sq. ft. Approved capacity 1

Each unit could accommodate 2 residents however the facility is limited to 8 residents based on the requirements of AM 400.14407 (4) which requires 1 bathing facility for every 8 residents and there is only one bathing facility.

The facility is fully equipped with the required furnishings, linens and dishware. The facility has a full service beauty salon on site.

The Mackinac Co. Health Department conducted an environmental health inspection on 01/22/2015. The facility was found to be in complete compliance with applicable environmental health rules. The Office of Fire Safety conducted a fire safety inspection on 01/15/2015. The facility was found to be in compliance with applicable fire safety rules.

## **B. Program Description**

The facility provides 24-hour supervision, protection and personal care for up to 20 residents over the age of 18 who are aged, physically handicapped or have dementia or Alzheimer's.

The program statement emphasizes and encourages involvement in meaningful, purposeful activities of life at any care level and/or needs of the residents. The program will also promote dignity for all residents and focus on the importance of maintaining as much independence as possible, while offering quality care that is personalized for each individual's needs. The residents have access to the community and are encouraged as much independence as they are capable.

A licensing record clearance was completed on Ms. Clauson (Licensee designee) and Ms. Barr (administrator) with no LEIN convictions. The facility has submitted medical clearance request documents which include current negative TB results and that there is no physical or mental health conditions existing that would limit their ability to work with or around vulnerable adults.

The applicant acknowledges an understanding of the requirements to maintain this large group home license. They also acknowledge an understanding of the required documentation to be completed and signed for each resident prior to admission and for each employee prior to starting work in the facility. The applicant has provided documentation to satisfy the qualifications and training requirements identified in the large group home administrative rules.

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, the resident information or both.

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 applicants has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will

The applicant acknowledges 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 volunteers and the retention schedule for all of the documents contained within the employee's file.

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

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.

### **C. Rule/Statutory Violations**

The facility is in full compliance.

## **IV. RECOMMENDATION**

I recommend issuance of a temporary license to this AFC adult medium group home (capacity 8).



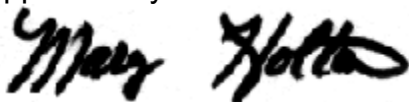
06/01/15

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Laura Dupras  
Licensing Consultant

Date

Approved By:



06/05/15

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Mary E Holton  
Area Manager

Date