



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 1, 2021

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

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| RE: License #: | AL730301043 Stone Crest Senior Living-Wing B 255 N. Main Freeland, MI 48623 |
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Dear Mrs. Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (906) 226-4171.

Sincerely,

A handwritten signature in cursive script that reads "Susan Hutchinson".

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

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| License #: | AL730301043 |
| Licensee Name: | Baruch SLS, Inc. |
| Licensee Address: | Suite 203 3196 Kraft Ave., SE Grand Rapids, MI 49512 |
| Licensee Telephone #: | (616) 285-0573 |
| Licensee/Licensee Designee: | Connie Clauson |
| Administrator: | Andrea Conquest |
| Name of Facility: | Stone Crest Senior Living-Wing B |
| Facility Address: | 255 N. Main Freeland, MI 48623 |
| Facility Telephone #: | (989) 695-5035 |
| Original Issuance Date: | 07/29/2009 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS |
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II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/28/2021

Date of Bureau of Fire Services Inspection if applicable: 10/02/2020

Date of Health Authority Inspection if applicable: 10/28/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Resident Care Manager

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Licensee did not provide Funds Part II form
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
12/06/19 N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A
Licensee unable to produce documentation of variance approval of Funds Part II form.

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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| This facility was found to be in non-compliance with the following rules: | |
| R 400.15201 | Qualifications of administrator, direct care staff, licensee, and members of the household; provision of names of employee, volunteer, or member of the household on parole or probation or convicted of felony; food service staff. |
| | (9) A licensee and the administrator shall possess all of the following qualifications: (b) Be capable of appropriately handling emergency situations. |
| The licensee, Connie Clauson provided me with her CPR and First Aid certification which expired on 10/25/21. | |
| R 400.15315 | Handling of resident funds and valuables. |
| | (3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department. |
| On 10/14/21, 10/25/21, and 10/26/21, I requested a copy of a BCAL 2319 Resident Funds Part II form. As of the time of my onsite inspection on 10/28/21, the licensee did not provide me with a copy of that form. | |
| REPEAT VIOLATION ESTABLISHED Ref. Renewal LSR dated 10/31/19. | |
| R 400.15403 | Maintenance of premises. |
| | (1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants. |
| At the time of my inspection, I noted the following: <ul style="list-style-type: none"> • The dryer vents in the laundry room are not constructed of solid metal • The kitchen door leading to the outside of the facility is not equipped with positive-latching, non-locking-against-egress hardware. | |

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Susan Hutchinson

November 1, 2021

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| Susan Hutchinson Licensing Consultant | Date |
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