



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 24, 2022

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

RE: License #: AM400369176
Cherry Hill Haven of Kalkaska
3412 American Way
Williamsburg, MI 49690

Dear Mrs. Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

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 (616) 356-0183.

Sincerely,

A handwritten signature in red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #: AM400369176

Licensee Name: Baruch SLS, Inc.

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

Licensee Telephone #: (616) 285-0573

Licensee/Licensee Designee: Connie Clauson

Administrator: Jere Green

Name of Facility: Cherry Hill Haven of Kalkaska

Facility Address: 3412 American Way
Williamsburg, MI 49690

Facility Telephone #: (231) 258-5900

Original Issuance Date: 08/19/2015

Capacity: 12

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/02/2022

Date of Bureau of Fire Services Inspection if applicable: 02/24/2022

Date of Health Authority Inspection if applicable: 01/25/2022

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 0 Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain.
no residents were in care on the day of the inspection
- 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.
- Meal preparation / service observed? Yes No If no, explain.
no residents were in care on the day of the inspection.
- 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:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14407 Bathrooms

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathrooms windows that are used for ventilation shall open easily.

On the day of the on-site inspection, it was noted that three bathrooms, in resident bedroom areas, did not have working exhaust vents.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

On the day of the on-site inspection, it was noted that three doors, in the living room area, had been replaced since the last inspection. None of these three doors were equipped with positive-latching, non-locking-against-egress hardware.

On February 2, 2022, I provided an exit conference to Administrator Jere Green and on February 24, 2022, an exit conference was provided to Licensee Designee Connie Clauson. I explained my findings as noted above. Both indicated they understood and had no further questions pertaining to this renewal inspection.

A corrective action plan was requested and approved on 02/02/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

 February 24, 2022

Bruce A. Messer
Licensing Consultant

Date