



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

December 27, 2024

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

RE: Application #: AL720418018
The Horizon Senior Living
10059 E. Airport Road
St. Helen, MI 48656

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,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa, N. W.
Grand Rapids, MI 49503
(517) 281-2491

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL720418018
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Licensee Designee:	Connie Clauson
Name of Facility:	The Horizon Senior Living
Facility Address:	10059 E. Airport Road St. Helen, MI 48656
Facility Telephone #:	(989) 389-4900 11/03/2023
Application Date:	
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

06/30/2023	Inspection Completed-Env. Health : A Please see AL720283253
11/03/2023	On-Line Enrollment
11/06/2023	PSOR on Address Completed
11/06/2023	Contact - Document Sent forms sent
11/06/2023	Lic. Unit file referred for background check review sent CPS memo to Candace for Connie Clauson red screen
12/26/2023	Contact - Document Received AFC100
01/24/2024	File Transferred To Field Office
01/29/2024	Contact - Document Sent Checklist sent to Barbara Rhodes-Williams.
06/14/2024	Contact - Document Sent followup with Barbara Williams and Connie Clauson for documents.
06/26/2024	Comment LD Ms. Clauson stated they would be sending the required documents to me within the next week.
09/20/2024	Inspection Completed-Fire Safety : A
09/30/2024	Comment sent another email to LD Connie Clauson regarding documents.
10/21/2024	Comment documents received
12/18/2024	Application Complete/On-site Needed
12/23/2024	Inspection Completed On-site
12/23/2024	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Horizon Senior Living is a single story cream colored facility with tan trim. It is located in St. Helen Michigan at the juncture of St. Helen Rd. and Airport Road. It is situated within twelve miles of local parks, museums, other recreational activities, hospitals, fire departments and county police. The facility has a private water and sewer system. On 6/30/2023, a Central Michigan District Health Department sanitarian inspected and determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

The furnace and hot water heater are in a room that is constructed of material that has a 1-hour-fire-resistance rating. 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 is equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility.

On 09/20/2024 the facility was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

The facility has 17 resident bedrooms with private bathrooms. The applicant has designated rooms 05, 06, and 07 as bedrooms that will house two residents. All other bedrooms will have only one occupant.

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

Bedroom #01 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #2 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #3 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #4 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #5 measures 12' x 13' for a total of 156 sq. ft = 2 resident beds
Bedroom #6 measures 12' x 13' for a total of 156 sq. ft = 2 resident beds
Bedroom #7 measures 12' x 14' for a total of 168 sq ft = 2 resident beds
Bedroom #8 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #9 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #10 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #11 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #12 measures 11' x 10' for a total of 110 sq. ft = 1 resident bed
Bedroom #13 measures 11' x 12' for a total of 132 sq. ft = 1 resident bed
Bedroom #14 measures 12' x 9' for a total of 108 sq. ft = 1 resident bed
Bedroom #15 measures 9' x 13' for a total of 117 sq. ft = 1 resident bed
Bedroom #16 measures 9' x 13' for a total of 117 sq. ft = 1 resident bed
Bedroom #17 measures 9' x 13' for a total of 117 sq. ft = 1 resident bed

Based on the above information, it is concluded that this facility can accommodate **20** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

The applicant has acknowledged an understanding of her responsibility to maintain the facility and yard area in a healthy and safe condition for residents and that housekeeping standards and home furnishings shall present a clean, comfortable and orderly appearance

The applicant has acknowledged an understanding of her responsibility to maintain furnaces, water heaters and other flame or heat producing equipment in a fixed and permanent manner in accordance with licensing rules and manufacture's instructions. The furnace, hot water heater and clothes dryer located on the first floor will be continue to be enclosed in a room that is constructed of material which has a one hour fire resistance rating.

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 twenty **(20)** aged male or female adults; in the least restrictive environment possible The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from the community.

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 assure transportation for program and medical needs as identified in each resident's individual care agreement. 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 Baruch SLS, Inc a "Non Profit Corporation" was established in Michigan on 10/1/97. 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.

A criminal history background check was conducted for the applicant Connie Clauson and administrator Marchanda Ostrander. They have been determined to be of good moral character. The applicant Connie Clauson and administrator Marchanda Ostrander submitted a statement from a physician documenting their good health and current negative TB-tine results.

The applicant has 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 one staff to seven residents per shift during awake hours and one staff to seven residents during sleeping hours. All staff shall be awake during sleeping hours.

The licensee designee 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 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 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 good moral character, medical and training 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 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 the required forms and signatures to be completed 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 the retention schedule for all of the documents contained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the discharge criteria and procedural requirements for issuing a 30-Day discharge written notice to a resident as well as when a resident can be discharged before the issuance of a 30-Day written discharge notice.

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 accidents and incidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with 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 that a separate *Resident Funds Part II (BCAL-2319)* form will be created for each resident 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 that residents with mobility impairments may only reside on the main floor of the facility.

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 temporary license to this AFC adult large group home.

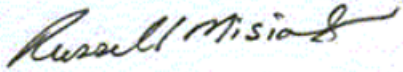


12/30/24

Johnnie Daniels
Licensing Consultant

Date

Approved By:



1/3/25

Russell B. Misiak
Area Manager

Date