



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 17, 2024

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

| | |
|----------------|---|
| RE: License #: | AL250381017 Hyde Park AL I 3100 Wyndham Flushing, MI 48433 |
|----------------|---|

Dear Connie Clauson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (517) 643-7960.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

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|------------------------------------|---|
| License #: | AL250381017 |
| 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, Designee |
| Administrator: | Daisy Alvarez |
| Name of Facility: | Hyde Park AL I |
| Facility Address: | 3100 Wyndham Flushing, MI 48433 |
| Facility Telephone #: | (810) 659-3000 |
| Original Issuance Date: | 05/19/2016 |
| Capacity: | 20 |
| Program Type: | PHYSICALLY HANDICAPPED ALZHEIMERS AGED |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/15/2024

Date of Bureau of Fire Services Inspection if applicable: 02/08/2024

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 16
No. of others interviewed 0 Role:

- 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.
- 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: N/A ☒
- Number of excluded employees followed-up? 0 N/A ☐
- Variances? Yes ☐ (please explain) No ☒ N/A ☐

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

Upon receipt of a Renewal Fee Payment, I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



10/17/2024

Martin Gonzales
Licensing Consultant

Date