



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 5, 2025

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

RE: Application #: AL260418027
The Horizon Senior Living V
450 Quarter Street
Gladwin, MI 48624

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 cursive script that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW
Grand Rapids MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL260418027
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 V
Facility Address:	450 Quarter Street Gladwin, MI 48624
Facility Telephone #:	(989) 246-1000 11/08/2023
Application Date:	
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

10/03/2023	Inspection Completed-Fire Safety : A See AL260317409
11/08/2023	On-Line Enrollment
11/08/2023	PSOR on Address Completed
11/08/2023	Lic. Unit file referred for background check review Red Screen sent candace email
11/08/2023	Contact - Document Sent forms sent
01/24/2024	File Transferred To Field Office
01/29/2024	Contact - Document Sent Checklist sent to Barbara Rhodes-Williams.
06/14/2024	Comment 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.
09/30/2024	Comment sent another email to LD Connie Clauson regarding documents.
10/21/2024	Comment documents received.
01/29/2025	Application Complete/On-site Needed
02/25/2025	Inspection Completed On-site
02/25/2025	Inspection Completed-Env. Health : A
02/25/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The is a one-story building in a residential neighborhood setting in Gladwin. It is one block off the main road that goes through downtown Gladwin. The home consists of 20 bedrooms. All bedrooms have at least a half bath with sink and toilet facilities, some have full bath with a shower. There is a living room, sitting room and a dining room. The home is wheelchair accessible as all four entrances are at ground level.

The furnace and hot water heater are located in a room that is constructed of material that has a 1-hour-fire-resistance rating, with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware. The facility is equipped with an approved pull station alarm system and a sprinkled system installed throughout.

On 10/03/2023, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12 X 14.5	174	1
2	12 X 14.5	174	1
3	12 X 14.5	174	1
4	20.5 X 12 Living 11 X 11 Bedroom	367	1
5	20.5 X 12 Living 11 X 11 Bedroom	367	1
6	12 X 14.5	174	1
7	12 X 14.5	174	1
8	12 X 13	156	1
9	12 X 13	156	1
10	12 X 13	156	1
11	12 X 13	156	1
12	12 X 13	156	1
13	12 X 13	156	1
14	12 X 15.75	189	1
15	12 X 15.75	189	1
16	12 X 15.75	189	1
17	12 X 14	168	1
18	12 X 14	168	1
19	12 X 14	168	1

The living, dining, and sitting room areas measure a total of 1542 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

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.

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 **20** male or female ambulatory or nonambulatory adults who are aged in the least restrictive environment possible.

Programs for the aged residents will include recreational activities, community interaction, health and fitness.

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 provide for or arrange for transportation for program and medical needs as outlined in each residents Resident 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 libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Baruch SLS, Inc., which is a "Non Profit Corporation" was established in Michigan, on 10/01/1997. 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 licensee designee Connie Clauson and administrator Laura Whaley. They have been determined to be of good moral character. The applicant Licensee Designee and administrator submitted a statement from a physician documenting their good health and current negative TB-test 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 **2** staff –to- **20** residents per shift during awake hours and **2** staff

–to-20 residents during sleeping hours. All staff shall be awake and will be allowed to sleep during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facilities staff-to-resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the training suitability 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 in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's 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 (capacity 13-20).

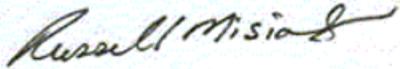


3/6/25

Johnnie Daniels
Licensing Consultant

Date

Approved By:



3/12/25

Russell B. Misiak
Area Manager

Date