



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

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

November 20, 2025

RE: License #: AL490369294  
**Cedar Cove Manor, 266 South Mary L Street  
Cedarville, MI 49719**

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 (616) 356-0100.

Sincerely,

  
Garrett Peters, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(906) 250-9318

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL490369294
<b>Licensee Name:</b>	Baruch SLS, Inc.
<b>Licensee Address:</b>	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee Designee:</b>	Connie Clauson
<b>Name of Facility:</b>	Cedar Cove Manor
<b>Facility Address:</b>	Bldg. #1 266 South Mary L Street Cedarville, MI 49719
<b>Facility Telephone #:</b>	(906) 484-1001
<b>Original Issuance Date:</b>	06/05/2015
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/13/2025

Date of Bureau of Fire Services Inspection if applicable: 1/13/25

Date of Health Authority Inspection if applicable: Awaiting results

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- 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. Resident funds are not held.
- Meal preparation / service observed? Yes  No  If no, explain.  
Not there during meal time
- 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 400.685**

**Resident admission; resident assessment plan;**

**(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.**

**R 400.685**

**Resident admission; resident care agreement**

**(6) A licensee shall complete a written resident care agreement at the time of a resident's admission that includes all of the following:**

**(b) The services to be provided and the fee for those services.**

### IV. RECOMMENDATION

Contingent upon receipt of an appropriate corrective action plan as well as a passing inspection for the facility's well and septic, I recommend issuance of a 2 year regular adult foster care license.



11/20/25

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Garrett Peters  
Licensing Consultant

Date