



RICK SNYDER
GOVERNOR

State of Michigan
DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING



MAURA D. CORRIGAN
DIRECTOR

June 25, 2013

Connie Clauson
Baruch SLS Inc
Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: Application #: AL200337124
Northern Pines Assisted Living
130 Mary Ann Street
Grayling, MI 49738

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 feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (517) 241-2585.

Sincerely,

Marcia S. Elowsky, Licensing Consultant
Bureau of Children and Adult Licensing
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4924

Enclosure

**MICHIGAN DEPARTMENT OF HUMAN SERVICES
BUREAU OF CHILDREN AND ADULT LICENSING
LICENSING STUDY REPORT**

I. IDENTIFYING INFORMATION

License #:	AL200337124
Applicant Name:	Baruch SLS Inc
Applicant Address:	Suite 200 3196 Kraft Avenue SE Grand Rapids, MI 49512
Applicant Telephone #:	(616) 285-0563
Licensee Designee:	Connie Clauson
Administrator:	Matthew LeBlanc
Name of Facility:	Northern Pines Assisted Living
Facility Address:	130 Mary Ann Street Grayling, MI 49738
Facility Telephone #:	(989) 344-2010
Application Date:	10/08/2012
Capacity:	20
Program Type:	AGED PHYSICALLY HANDICAPPED

II. METHODOLOGY

10/08/2012	Enrollment
10/17/2012	Inspection Report Requested - Fire
12/11/2012	Application Incomplete Letter Sent
05/16/2013	Inspection Completed-Fire Safety: A
05/28/2013	Inspection Report Requested - Health
06/03/2013	Inspection Completed On-site
06/05/2013	Inspection Completed-Env. Health: A
06/17/2013	Inspection Completed On-site

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a newly constructed single story building, with crawl space, located in Grayling. The facility consists of three sitting areas, dining area, kitchen, office, laundry room, salon, medication room, mechanical room, two full bathroom/shower rooms, lobby area and half-bathroom. There are 19 units, five of which have full bathrooms, 13 with half bathrooms and one unit utilizes the bathroom/shower room. The facility is barrier free with three means of egress at street floor level.

The natural gas furnace and hot water heaters are located in the mechanical room. The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules.

On June 5, 2013, the facility was inspected by the District Health Department Number 10 who determined that the facility is in substantial compliance with applicable rules pertaining to environmental health. The facility utilizes public water supply and sewage disposal system.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1, 3, 4	12'8" x 12' 4'10 x 9'	195.5	1 each
2	13'4" x 12" 4'10 x 9'	203.5	1

5, 7, 9, 11, 13, 15	10'8" x 12' 4'10" x 9'	171.5	1 each
6, 8, 12	11'6" x 12' 4'10' x 9'	181.5	1 each
10	14'6" x 12' 4'10" x 6'	203	1
14, 17, 19 Studio	12'8" x 12" 8'6" x 2'6" 6'8" x 4'10"	205.5	1 each
16, 21 Suite	19'10" x 12' 10'2" x 10'	339.5	1-2

The indoor living and dining areas measure a total of 1681 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

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

B. Program Description

The applicant intends to provide 24-hour supervision, protection and personal care to 20 male and female residents who are aged or physically handicapped. Programs for the residents will include activities of daily living, personal adjustment, social interaction, health, fitness, recreational activities and community interaction. Also, individualized programs will be developed as needed/required.

In addition to the above program elements, it is the intent of the applicant to utilize local community resources for recreational activities including, community events, museums, shopping centers, churches, restaurants and library. These resources provide an environment to maintain independence and enhance the quality of life.

C. Applicant and Administrator Qualifications

The applicant is Baruch SLS, Inc., a "Non Profit Corporation", established in Michigan on 10/02/97. 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.

The Board of Directors of Baruch SLS, Inc. has submitted documentation appointing Connie Clauson as licensee designee for this facility and Matthew LeBlanc as the administrator of the facility.

Criminal history background checks of the applicant and administrator were completed and they were determined to be of good moral character to provide licensed adult foster care. The applicant and administrator submitted statements from a physician documenting their good health and current negative tuberculosis test results.

The applicant and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules.

Ms. Clauson has over 12 years of experience working with the aged and physically handicapped populations in licensed adult foster care facilities. Ms. Clauson has a Bachelor of Applied Science degree in Marketing/Small Business Management. In 2008, she obtained National Level II Administrator Certification from Senior Living University. Ms. Clauson has prior administrator certification from Assisted Living Federation of America.

Mr. LeBlanc has over three years working with the aged and physically handicapped populations in the assisted living community, with two years at licensed homes for the aged. Mr. LeBlanc has a Bachelor of Business Administration degree. In 2009, he obtained certification as a Licensed Resident Care/Assisted Living (RC/AL) Administrator from the National Association of Boards of Examiners of Long Term Care Administrators (NAB).

The staffing pattern for the original license of this 20 bed facility is adequate and includes a minimum of two staff for 20 residents per shift. The applicant acknowledged that the staff to resident ratio may need to be decreased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledged an understanding of the qualifications, suitability, and training 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. The applicant acknowledged the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

The applicant acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee designee will 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 acknowledged the 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 directly with residents. In addition, the applicant acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

The applicant acknowledge the 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 updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledged 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 acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights. The applicant indicated the intent to respect and safeguard these resident rights.

The applicant acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

The applicant acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult large group home (capacity 13-20).

Marcia S. Elowsky

06/25/13

Marcia S. Elowsky
Licensing Consultant

Date

Approved By:

Betsy Montgomery

06/25/13

Betsy Montgomery
Area Manager

Date