



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

August 17, 2015

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

RE: Application #: AL280369175
Cherry Hill Haven
4841 N. Long Lake Rd
Traverse city, MI 49684

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 16 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 blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

enclosure

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

I. IDENTIFYING INFORMATION

License #: AL280369175

Applicant Name: Baruch SLS Inc.

Applicant Address: Suite 200
3196 Kraft Avenue SE
Grand Rapids, MI 49512

Applicant Telephone #: (616) 464-1564

Licensee Designee: Connie Clauson

Administrator: Evon Ryan

Name of Facility: Cherry Hill Haven

Facility Address: 4841 N. Long Lake Rd
Traverse city, MI 49684

Facility Telephone #: (231) 933-0421

Application Date: 11/10/2014

Capacity: 16

Program Type: AGED
ALZHEIMERS

II. METHODOLOGY

11/10/2014	Enrollment
11/25/2014	Application Incomplete Letter Sent
12/10/2014	Inspection Completed-Env. Health : A
06/02/2015	Inspection Completed-Fire Safety : A
08/07/2015	Application Complete/On-site Needed
08/07/2015	Inspection Completed On-site
08/07/2015	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Cherry Hill Haven AFC home is larger structure located on the outskirts of Traverse City, Michigan. The home is the upper level of a building that also houses a second AFC home on the lower level. Each facility has its own separate entrances, at ground level, and function totally independent of the other. This home consists of 11 resident bedrooms, most of which have their own half bath, a large dining room, living room, kitchen, laundry and two full common use bathrooms. The home is wheelchair accessible having two means of egress that are at ground level.

The furnace and hot water heater are located on the lower level of the building 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 June 2, 2015, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

On December 10, 2014, the home was inspected by the Grand Traverse County Health Department who determined that the home is in substantial compliance with applicable rules pertaining to environmental health, water supply and sewage disposal.

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'X9'	108	1
2	12'6"X10'6"	131	2

3	13'6"X12'6" irr	150	2
4	12'6"X9'	113	1
5	12'6"X8'10"	127	1
6	12'X11'6"	128	1
7	17'6"X9'8"	159	2
8	17'9"X13'	230	2
9	13'2"X11'3"	136	2
10	14'6"X11'3"	163	2
11	12'6"X9'6"	119	1

The living, dining, and sitting room areas measure a total of 565 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Although bedroom space could accommodate more than 16 residents, common use space only is sufficient for 16 residents. Therefore, it is concluded that this facility can accommodate **16** 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 **16** male or female ambulatory or nonambulatory adults who are aged or those diagnosed with Alzheimer's disease in the least restrictive environment possible.

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

Programs for those diagnosed with Alzheimer's disease will include those services that will preserve dignity through gentle and sensitive treatment and opportunities for personal fulfillment. Staff will assist with personal care, such as bathing, grooming, dressing, personal hygiene and the administration of medications.

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 all transportation for program and medical needs. 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 “Domestic Non Profit Corporation” and was established in Michigan, on 10/2/1997. 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.

The Board of Directors of Baruch SLS, Inc. has submitted documentation appointing Connie Clauson as Licensee Designee for this facility and Evon Ryan as the Administrator of the facility.

A criminal history background check was conducted for the applicant (Licensee Designee) and administrator. 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-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 **16** bed facility is adequate and includes a minimum of **2** staff -to- **16** residents per shift during awake hours and **1** staff -to-**16** residents during sleeping hours. All staff shall be awake 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 16).



August 17, 2015

Bruce A. Messer
Licensing Consultant

Date

Approved By:



August 17, 2015

Jerry Hendrick
Area Manager

Date