



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

March 23, 2020

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

RE: Application #: AM700398468  
Sorrell AFC Home  
16224 Mercury Drive  
Grand Haven, MI 49417

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 12 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) 356-0183.

Sincerely,

A handwritten signature in blue ink that reads "Rebecca Piccard".

Rebecca Piccard, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 446-5764

enclosure

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

**I. IDENTIFYING INFORMATION**

**License #:** AM700398468

**Applicant Name:** Baruch SLS, Inc.

**Applicant Address:** Suite 203  
3196 Kraft Avenue SE  
Grand Rapids, MI 49512

**Applicant Telephone #:** (616) 285-0573

**Administrator/Licensee Designee:** Connie Clauson, Designee

**Name of Facility:** Sorrell AFC Home

**Facility Address:** 16224 Mercury Drive  
Grand Haven, MI 49417

**Facility Telephone #:** (616) 847-4242

**Application Date:** 02/19/2019

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODOLOGY

02/04/2019 Inspection Completed-Env. Health : A  
Completed for Active AM70009430. Ok to use for change of  
ownership per Lic Consultant.

02/19/2019 Enrollment

02/25/2019 Application Incomplete Letter Sent  
AFC 100 for Administrator Amy Snyder

03/08/2019 Contact - Document Received  
AFC 100 for Amy Snyder

03/08/2019 Lic. Unit file referred for background check review  
Amy Snyder

04/10/2019 Inspection Completed-Env. Health : A  
Completed for Active AM70009430. Ok to use for change of  
ownership per Lic Consultant.

05/20/2019 Lic. Unit received background check file from review  
GMC approval by J. Calewarts for Amy Snyder

05/21/2019 Application Incomplete Letter Sent  
Updated FCL prints/1326/RI 030 for Connie Clauson

07/24/2019 Contact - Document Received  
1326/RI 030/Fingerprint for Connie Clauson

07/24/2019 File Transferred to Field Office  
Grand Rapids

08/06/2019 Application Incomplete Letter Sent

02/24/2020 Inspection Completed On-site

02/24/2020 Inspection Completed-Fire Safety : A

02/24/2020 Inspection Completed-BCAL Full Compliance

03/19/2020 Inspection Completed-Env. Health :B  
Confirmation received valve was turned to correct citation.

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

#### A. Physical Description of Facility

Sorrel is a one story, stick built home in the Township of Grand Haven. Walking in the front door you enter a living room. Beyond the living room is the kitchen and dining area. To your left is a hallway leading to another common area, laundry room and two resident bedrooms and one bathroom. To the right is another hallway of four resident bedrooms, a bathroom and salon. In the basement is the laundry area as well as the gas boiler and water heater. The home is wheelchair accessible. The home utilizes public city water and private sewage.

The gas furnace and hot water heater are located in the basement, separated with a 1-3/4-inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11.17 x 13.83	154.5	2
2	11.17 x 13.83	154.5	2
3	11.17 x 13.83	154.5	2
4	11.5 x 12.5	143.75	2
5	14.08 x 12.33	173.6	2
6	14.08 x 12.33	173.6	2

The living, dining, and sitting room areas measure a total of 626.58 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **twelve** 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 twelve (12) male or female ambulatory adults whose diagnosis is aged, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral

developmental needs.

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 public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is a corporation which has sufficient financial resources to provide for the adequate care of the residents as evidenced by a review of the applicant's budget statement submitted to operate the adult foster care facility and current status as an active medium AFC facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the applicant and the administrator. The applicant and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The applicant and administrator have 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 12-bed facility is adequate and includes a minimum of 1staff -to- 12 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will 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 facility's 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 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 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](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's 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 directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or 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 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 updating and completing those forms and obtaining new signatures 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 follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

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 residents' personal money transactions that have been agreed to be managed by the applicant.

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 incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

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

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 six-month temporary license to this adult foster care small group home (capacity 12).

 March 23, 2020

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Rebecca Piccard  
Licensing Consultant

Approved By:

 March 23, 2020

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Jerry Hendrick  
Area Manager





