



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2020

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

RE: Application #: AL540398499
Evergreen Terrace Assisted Living
801 Fuller
Big Rapids, MI 49307

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Diane L. Stier".

Diane L Stier, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0560

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL540398499
Applicant Name:	Baruch SLS, Inc.
Applicant Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Applicant Telephone #:	(616) 285-0573
Licensee Designee:	Connie Clauson
Administrator:	Erika Fredrick
Name of Facility:	Evergreen Terrace Assisted Living
Facility Address:	801 Fuller Big Rapids, MI 49307
Facility Telephone #:	(231) 527-1050
Application Date:	02/19/2019
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODOLOGY

02/19/2019	Enrollment
02/26/2019	Contact - Document Sent Act booklet
02/26/2019	Application Incomplete Letter Sent IRS ltr; 1326A for Connie; AFC 100 for Erika
03/04/2019	Contact - Document Received IRS ltr; 1326A for Connie; AFC 100 for Erika
03/04/2019	Contact - Document Sent Fire Safety String
04/05/2019	Application Incomplete Letter Sent
06/28/2019	Inspection Completed On-site
03/27/2020	Contact - Telephone call made Licensee Designee - left message
04/16/2020	Inspection Completed On-site- Via FaceTime due to COVID-19 on-site restrictions
04/24/2020	Inspection Completed On-site Full Compliance after receipt of documents

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This facility is a ranch style building located in the city of Big Rapids, Michigan, first licensed in April 2006 to Evergreen Terrace Assisted Living, LLC. The facility has 20 single-occupancy resident bedrooms with attached private bathrooms, 14 of which also include a small living room and kitchenette. The facility includes a large commercial kitchen, large dining room, living area, sitting room, three mechanical rooms, storage rooms, offices, beauty shop, one common full bathroom, one guest half-bathroom, and laundry room. The facility is full wheelchair accessible. A large paved area in front of the facility provides ample parking for visitors. The facility utilizes city water and sewer services.

The facility's natural gas-fueled furnaces and water heaters are located in enclosed mechanical rooms which each include a 1-3/4-inch solid core door with an automatic self-closing device and positive latching hardware.

The facility has been determined by the Bureau of Fire Services to be in compliance with the applicable fire safety administrative rules, according to their inspection on 1/27/20.

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

Bedroom #	Total Square Footage	Total Resident Beds
1	200 sq. ft.	1
2	200 sq. ft.	1
3	247 sq. ft.	1
4	102 sq. ft.	1
5	102 sq. ft.	1
6	102 sq. ft.	1
7	102 sq. ft.	1
8	179 sq. ft.	1
9	195 sq. ft.	1
10	217 sq. ft.	1
11	197 sq. ft.	1
12	102 sq. ft.	1
13	179 sq. ft.	1
14	102 sq. ft.	1
15	102 sq. ft.	1
16	102 sq. ft.	1
17	179 sq. ft.	1
18	145 sq. ft.	1
19	157 sq. ft.	1
20	197 sq. ft.	1

The indoor living (27' x 27' = 729 sq. ft.) and dining (30' x 54' = 1620 sq. ft.) areas measure a total of 2349 square feet of living space. This meets/exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate twenty (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/or female) residents who are aged or physically handicapped. The program will include independent living skills and social interaction. The applicant intends to accept residents with private sources for payment or who qualify for Waiver or Veterans benefits.

In addition to the above program elements, the facility will enhance the physical, social and cognitive abilities with an emphasis on activities, which include activities of daily

living. The facility will provide activities through the direction of an Activity Director. Some of the activities at the facility will include music, church, exercise, and social events. Residents may also utilize local community resources for recreational activities including the public library, local museums, shopping centers, churches, etc. These resources provide an environment to enhance the quality of life of residents.

C. Applicant and Administrator Qualifications

The applicant is Baruch SLS, Inc, a “Non-Profit Corporation”, established in Michigan on 10/1/1997. 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 Erika Fredrick as the administrator of the facility.

Criminal history background checks of the licensee designee 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 licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the group home administrative rules. Both Ms. Clauson and Ms. Fredrick served in their same positions under the previous licensee for several years and have completed the required trainings. Both have worked many years with the aged population as well as with individuals with physical handicaps.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of one (1) staff for 15 residents per shift during daytime hours and one (1) staff for 20 residents during sleeping hours. Baruch SLS, Inc. 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. Baruch SLS, Inc. 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 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 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 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 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.

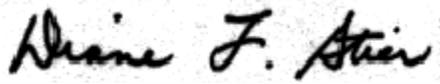
The applicant acknowledged that residents with mobility impairments may only reside on the main floor of the facility.

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.

I. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care family home with a capacity of 20 residents.

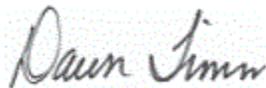


Diane L Stier
Licensing Consultant

April 24, 2020

Date

Approved By:



04/27/2020

Dawn N. Timm
Area Manager

Date