



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 5, 2021

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

RE: License #: AL410375718
Fountain View of Lowell South
11537 E. Fulton
Lowell, MI 49331

Dear Mrs. Clauson:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license is valid only at your present address and is nontransferable.

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) 356-010.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

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

I. IDENTIFYING INFORMATION

License #: AL410375718

Licensee Name: Baruch SLS, Inc.

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

Licensee Telephone #: (616) 285-0573

Licensee/Licensee Designee: Connie Clauson, Designee

Administrator: Elizabeth Nugent

Name of Facility: Fountain View of Lowell South

Facility Address: 11537 E. Fulton
Lowell, MI 49331

Facility Telephone #: (616) 897-8413

Original Issuance Date: 02/06/2019

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/05/2021

Date of Bureau of Fire Services Inspection if applicable: 02/22/2021

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 10
No. of others interviewed 1 Role: Home Manager

- 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.
- Meal preparation / service observed? Yes No If no, explain.
It was not at 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? 1 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

Face-to-face exit conference with the administrator, Elizabeth Nugent, and she agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.

Arlene B. Smith

08/05/2021

Arlene B. Smith, MSW
Licensing Consultant

Date