

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 2, 2022

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

RE: License #: AL460398058

Blissfield Place 301 N. Quick Street Blissfield, MI 49228

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 regular 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 (313) 456-0380.

Sincerely,

Vanita C. Bouldin, Licensing Consultant

Vancon Beellin

Bureau of Community and Health Systems

22 Center Street Ypsilanti, MI 48198

(734) 395-4037

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

I. IDENTIFYING INFORMATION

License #: AL460398058

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

Administrator: Amy Hoffman

Name of Facility: Blissfield Place

Facility Address: 301 N. Quick Street

Blissfield, MI 49228

Facility Telephone #: (517) 682-1504

Original Issuance Date: 08/01/2019

Capacity: 20

Program Type: ALZHEIMERS

AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/02/2022
Date of Bureau of Fire Services Inspection if applicable: 12/02/2021, 12/15/2021
Date of Health Authority Inspection if applicable:
Inspection Type: ☐ Interview and Observation ☐ Worksheet ☐ Combination ☐ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:
 Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. No due to COVID-19. 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. No meals prepared/served during renewal inspection. Fire drills reviewed? Yes ∑ No ☐ If no, explain.
• Fire safety equipment and practices observed? Yes \boxtimes No \square 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. No follow-up needed. Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒ Number of excluded employees followed-up? N/A ☒
Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

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

Date: 02/02/2022

Vanita C. Bouldin

Licensing Consultant

Vanon Beellin