

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

March 16, 2022

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

RE: License #: AL240388304

Mallard Cove Assisted Living 2801 Charlevoix Road Petoskey, MI 49770

#### Dear Mrs. Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 356-0183.

Sincerely,

Adam Robarge, Licensing Consultant

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Bureau of Community and Health Systems

Suite 11

701 S. Elmwood

Traverse City, MI 49684

(231) 350-0939

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

#### I. IDENTIFYING INFORMATION

**License #:** AL240388304

**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: Lauri Lee

Name of Facility: Mallard Cove Assisted Living

Facility Address: 2801 Charlevoix Road

Petoskey, MI 49770

**Facility Telephone #:** (231) 347-2273

Original Issuance Date: 10/10/2017

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED

**AGED** 

**ALZHEIMERS** 

#### **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):		03/15/2022	
Date of Bureau of Fire Services Inspection if applicable: 02/07/2022			
Date of Health Authority Inspection if applicable: N/A			
Inspection Type:	Interview and Obs	ervatior	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed 4 No. of residents interviewed and/or observed 15 No. of others interviewed 1 Role: Regional Director			
Medication pass / simula	ated pass observed?	Yes 🖂	No 🗌 If no, explain.
• Medication(s) and medication record(s) reviewed? Yes ⊠ No □ If no, explain.			
<ul> <li>Resident funds and associated documents reviewed for at least one resident?         Yes ☑ No ☐ If no, explain.</li> <li>Meal preparation / service observed? Yes ☑ No ☐ If no, explain.</li> </ul>			
● Fire drills reviewed? Yes ⊠ No □ If no, explain.			
Fire safety equipment ar	Fire safety equipment and practices observed? Yes $oximes$ No $oximes$ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☐ If no, explain.</li> <li>Water temperatures checked? Yes ☐ No ☐ If no, explain.</li> </ul>			
● Incident report follow-up? Yes ⊠ No □ If no, explain.			
<ul> <li>Corrective action plan con N/A           Number of excluded empty</li> </ul>			CAP date/s and rule/s: N/A ⊠
Variances? Yes ⊠ (plean     Assessment	ase explain) No 🗌	N/A 🗌	

#### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

### R 400.15318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Fire drills were not conducted and/or documented during the last quarter of 2021.

#### R 400.15402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

One resident refrigerator was not equipped with an approved thermometer during the time of the inspection.

#### R 400.15403 Maintenance of premises.

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.

An electrical extension cord was in permanent use in a resident room during the time of the inspection.

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

3/16/2022

Adam Robarge

Date

Licensing Consultant

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