



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 27, 2023

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

RE: License #:	AL730301044 Stone Crest Senior Living-Wing A 255 North Main Freeland, MI 48623
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Dear Connie 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 license is renewed. It 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 (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

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

I. IDENTIFYING INFORMATION

License #:	AL730301044
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Ave., SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Licensee/Licensee Designee:	Connie Clauson
Administrator:	Kendra Hall
Name of Facility:	Stone Crest Senior Living-Wing A
Facility Address:	255 North Main Freeland, MI 48623
Facility Telephone #:	(989) 695-5035
Original Issuance Date:	07/20/2009
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/19/2023

Date of Bureau of Fire Services Inspection if applicable: 01/18/2023

Date of Health Authority Inspection if applicable: 10/19/2023

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed 0 Role: N/A

- 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.
- 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:
12/09/23, al316(1)(a), al403(1), al315(3), al401(2), al201(9)(b) N/A
- Number of excluded employees followed-up? 1 (SC) 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.

IV. RECOMMENDATION

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

Susan Hutchinson

October 27, 2023

Susan Hutchinson Licensing Consultant	Date
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