



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

January 26, 2024

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

RE: License #: AL280369175
Cherry Hill Haven
4841 N. Long Lake Rd
Traverse city, MI 49684

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 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads 'Rhonda Richards'.

Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #: AL280369175

Licensee Name: Baruch SLS, Inc.

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

Licensee Telephone #: (616) 285-0573

Licensee Designee: Connie Clauson

Administrator: Jere Green

Name of Facility: Cherry Hill Haven

Facility Address: 4841 N. Long Lake Rd
Traverse city, MI 49684

Facility Telephone #: (231) 645-2341

Original Issuance Date: 08/17/2015

Capacity: 16

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/03/2024
Date of Bureau of Fire Services Inspection if applicable: 12/05/2023
Date of Health Authority Inspection if applicable: 10/23/2023
No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 7
No. of others interviewed 0 Role: [REDACTED]

- 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:
N/A
- Number of excluded employees followed-up? 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 regular license to this AFC adult large group home (capacity 13-20).



01/26/2024

Rhonda Richards
Licensing Consultant

Date