



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 15, 2024

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

RE: License #: AM400369176  
**Cherry Hill Haven of Kalkaska**  
**3412 American Way**  
**Williamsburg, MI 49690**

Dear Ms. 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, reading "Adam Robarge".

Adam Robarge, Licensing Consultant  
Bureau of Community and Health Systems  
701 S. Elmwood, Suite 11  
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**

<b>License #:</b>	AM400369176
<b>Licensee Name:</b>	Baruch SLS, Inc.
<b>Licensee Address:</b>	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Licensee Designee:</b>	Connie Clauson, Designee
<b>Administrator:</b>	Jere Green
<b>Name of Facility:</b>	Cherry Hill Haven of Kalkaska
<b>Facility Address:</b>	3412 American Way Williamsburg, MI 49690
<b>Facility Telephone #:</b>	(231) 258-5900
<b>Original Issuance Date:</b>	08/19/2015
<b>Capacity:</b>	12
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/13/2024

Date of Bureau of Fire Services Inspection if applicable: 01/23/2024

Date of Health Authority Inspection if applicable: 04/15/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Administrator

- 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. None kept
- 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.

Technical assistance provided:

- Resident's insulin was located in unlocked refrigerator.
- One fan in a resident bathroom was inoperable at the time of the inspection.

### IV. RECOMMENDATION

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



8/15/2024

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Adam Robarge  
Licensing Consultant

Date