



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 5, 2025

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

RE: Application #: AL650418023
The Horizon Senior Living III
613 Progress Street
West Branch, MI 48661

Dear Mrs. Clauson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
350 Ottawa Ave NW
Grand Rapids MI 49503

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL650418023
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
Name of Facility:	The Horizon Senior Living III
Facility Address:	613 Progress Street West Branch, MI 48661
Facility Telephone #:	(989) 343-9404 11/06/2023
Application Date:	
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. METHODOLOGY

09/05/2023	Inspection Completed-Fire Safety : A Please see AL650308159
11/06/2023	On-Line Enrollment
11/08/2023	Lic. Unit file referred for background check review Sent red screen email to Candace
11/08/2023	Contact - Document Sent forms sent
11/08/2023	PSOR on Address Completed
12/26/2023	Contact - Document Received AFC100
12/28/2023	Lic. Unit file referred for background check review ICHAT Hit on C. Garno sent to Candace
01/24/2024	File Transferred To Field Office
01/29/2024	Contact - Document Sent Checklist sent to Barbara Rhodes-Williams.
06/14/2024	Comment followup with Barbara Williams and Connie Clauson for documents.
06/26/2024	Comment LD Ms. Clauson stated they would be sending the required documents to me within the next week.
09/30/2024	Comment sent another email to LD Connie Clauson regarding documents.
10/21/2024	Comment documents received
01/02/2025	Application Complete/On-site Needed
01/31/2025	Inspection Completed On-site
01/31/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Horizon III is located behind West Branch Regional Hospital located off state highway M-30. The facility is approximately one mile from the center of downtown West Branch and Interstate Highway I-75. West Branch offers a downtown shopping area, an outdoor retail shopping mall, police departments, county offices, local post office, library, restaurants, outdoor recreational areas and a movie theater.

The facility utilizes the public water and sewer systems. The facility has a crawlspace and a basement. There is a 1 and 3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs going into the basement. The basement is not authorized for resident use. The facility has four gas-powered furnaces. Three of the furnaces are located in the crawlspace next to the basement. The crawlspace is accessed through the basement. The fourth furnace is located in the basement along with two hot water heaters. A third water heater is located in a closet on the east wing residential bedroom area. The closet has a 1 and 3/4 inch solid core door with positive latching hardware .

The facility is equipped with interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout the facility.

The facility has a large foyer which leads to the west sitting room, and dining area. The home has a beauty salon, library, kitchen, office, laundry, staff area, and medication room situated at the front of the facility. A second sitting room is located at the south-east corner of the facility near resident bedrooms. The home is wheelchair accessible and has two approved means of egress.

The facility has 18 bedrooms. Ten bedrooms have a sitting room and either a full shower/bath tub or just a shower. The facility has eight efficiency bedrooms which have a 1/2 bath. The facility also has three full handicapped bathrooms which contain a shower.

On 8/13/24, the home was inspected by the Bureau of Fire Services. An "Approved" fire safety certification was recommended.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
One	16 x 24 + 12. x 10	504	two

Two	24x 16 + 10 x 12	504	two
Three	22 x 16 + 12 x 10	472	two
Four	24 x 16 + 10 x 12	504	two
Five	23 x 13 + 10 x 12	419	two
Six	23 x 16 + 10 x 12	488	two
Seven	15 x 13	195	two
Eight	15 x 14	210	two
Nine	15 x 13	195	two
Ten	15 x 14	210	two
Eleven	13 x 14	182	two
Twelve	13 x 14	182	two
Thirteen	13 x14	182	two
Fourteen	13 x 14	182	two
Fifteen	13 x 14	182	two
Sixteen	16 x 14	224	two
Seventeen	13 x14	182	two
Eighteen	13 x 14	182	two

The living, dining, and sitting rooms areas measure a total of over 975 square feet of living space. This exceeds the requirement for a minimum of 35 square feet per occupant.

It is concluded that this facility can accommodate 20 residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care. The applicant proposes to admit elderly individuals who are no longer able to reside alone or in their own homes. The program will include maintaining or improving resident's current level of functioning, to provide residents with nutritional meals, and to address any mental or physical issues promptly to avoid hospitalization.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Baruch SLS, Inc., which is a “Non Profit Corporation” was established in Michigan, on 10/01/1997. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Baruch SLS, Inc, has submitted documentation appointing Connie Clauson as Licensee Designee for this facility and Kristaphor Ostrander as the administrator of the facility.

The licensee designee and administrator submitted statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The proposed staffing pattern for the original license of this twenty-bed facility is adequate and includes not less than one direct care staff to 15 residents during waking hours nor less than one direct care staff to 20 residents during normal sleeping hours. The applicant acknowledges that the staff to resident ratio will change to reflect any increase in the level of supervision or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to

achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that the beauty shop will only serve the residents residing at the facility and will not accept non-resident customers or serve the general public.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

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

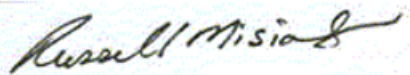


2/5/25

Johnnie Daniels
Licensing Consultant

Date

Approved By:



2/5/25

Russell B. Misiak
Area Manager

Date