



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 26, 2025

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

RE: Application #:	AL060418024 The Horizon Senior Living IV 218 Airpark Drive Standish, MI 48658
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Dear Connie 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 (517) 643-7960.

Sincerely,

Shamidah Wyden, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48607
989-395-6853

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL060418024
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:	Carrie Sinicki
Name of Facility:	The Horizon Senior Living IV
Facility Address:	218 Airpark Drive Standish, MI 48658
Facility Telephone #:	(989) 846-0000
Application Date:	11/06/2023
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODOLOGY

09/20/2023	Inspection Completed-Fire Safety: A Please see AL060312454
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	PSOR on Address Completed
11/08/2023	Contact - Document Sent forms sent
12/26/2023	Contact - Document Received AFC100
01/24/2024	File Transferred To Field Office
01/29/2024	Application Incomplete Letter Sent
04/08/2025	Application Complete/On-site Needed
04/08/2025	Inspection Completed On-site
04/08/2025	Inspection Completed-BCAL Sub. Compliance
04/10/2025	Application Incomplete Letter Sent
08/25/2025	Inspection Completed- Fire Safety: A Completed under license #AL060312454.
09/17/2025	Inspection Completed On-site
09/17/2025	Inspection Completed- Env. Health: A
09/26/2025	Inspection Completed- BCAL Full Compliance
09/26/2025	Recommend License Issuance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

The Horizon's Senior Living IV facility is located at 218 Airpark Drive, Standish, Michigan, 48658. The Horizon Senior Living IV had been continuously licensed since 11/23/2011 with Mersadies Adult Care, LLC as The Horizon Senior Living IV under license number AL060312454. The facility is a ranch styled, single story, wood framed, with vinyl siding. There is a front sitting area, sunroom, dining room, living room, salon, kitchen with a full pantry, 20 bedrooms, fenced in back yard patio, and a basement. There is also a front office and laundry room.

The North wing of the building contains eight bedrooms (rooms 1-8). This wing has one full community bathroom, and a salon. Each bedroom within the Northwest wing has a half-bathroom as well.

The East wing of the building contains bedrooms 9-20. Room #10 has its own full bathroom. The other 11 bedrooms each contain a half-bathroom. There are also two full bathrooms in this hallway as well.

The facility is located south of M-61, on the west side of Standish, MI. Residents of this facility will be within walking distance of the local hospital and library. This facility has public water and sewer.

The furnace and hot water heater are located in the basement with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at top of the stairs. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational. A furnace inspection was completed on 04/15/2025 by Baron Mechanical Service. The facility's furnaces and hot water heater were inspected. A Bureau of Fire Services inspection was completed on 08/25/2025 with an A-rating.

The facility is wheelchair accessible.

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

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	9ft 11 in x 15ft 3 in- 5ft 2 in x 3ft 1 in	135.3125 sq. ft.	Single Occupancy
2	18ft 4 in x 11 ft 11 in- (7ft 4 in x	164.0625 sq. ft.	Single Occupancy

	5ft 10 in + 5ft x 2ft 4 in)		
3	18ft 4 in x 11 ft 11 in- (7ft 4 in x 5ft 10 in + 5ft x 2ft 4 in)	164.0625 sq. ft.	Single Occupancy
4	18ft 4 in x 11 ft 11 in- (7ft 4 in x 5ft 10 in + 5ft x 2ft 4 in)	164.0625 sq. ft.	Single Occupancy
5	18ft 4 in x 11 ft 11 in- (7ft 4 in x 5ft 10 in + 5ft x 2ft 4 in)	164.0625 sq. ft.	Single Occupancy
6	9ft 11 in x 14 ft 3 in- 5 ft 2 in x 8 in	137.875 sq ft	Single Occupancy
7	9ft 11 in x 14 ft 3 in- 5 ft 2 in x 8 in	137.875 sq ft	Single Occupancy
8	9ft 11 in x 14 ft 3 in- 5 ft 2 in x 8 in	137.875 sq ft	Single Occupancy
9	11ft 7 in x 20 ft 4 in- (5ftx2ft4 in + 5 ft 10 in x 6ft 10 in)	183.9375 sq ft	Single Occupancy
10	11ft 7 in x 20 ft 4 in- (5ftx2ft4 in + 5 ft 10 in x 6ft 10 in) (double room)	367.875 sq ft	Single Occupancy
11	11ft 7 in x 20 ft 4 in- (5ftx2ft4 in + 5 ft 10 in x 6ft 10 in)	183.9375 sq ft	Single Occupancy
12	9ft 11 in x 10 ft 9 in + 11 ft 10 in x 22 ft 4 in	370.875 sq ft	Single Occupancy
13	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy
14	18 ft 4 in x 11 ft 11 in- (5ft x 5ft	178.875 sq ft	Single Occupancy

	10 in + 2 ft 1 in x 5ft)		
15	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy
16	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy
17	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy
18	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy
19	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy
20	18 ft 4 in x 11 ft 11 in- (5ft x 5ft 10 in + 2 ft 1 in x 5ft)	178.875 sq ft	Single Occupancy

The living, dining, and sitting room areas measure a total of 1,946 square feet of living space. This exceeds the minimum of 35 square feet per resident requirement.

Based on the above information, it is concluded that this facility can accommodate **twenty (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 to twenty (20) male or female adults, aged 18-99, whose diagnosis is aged or Alzheimer's, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from the local community, advertisements, MI Choice Waiver, and hospice.

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 assist residents with connecting with outside agencies that provide 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 Board of Directors of Baruch SLS, Inc. has submitted documentation appointing Connie Clauson as Licensee Designee for this facility. A letter appointing Carrie Sinicki as the Administrator of the facility was submitted.

A licensing record clearance request was completed with no lein convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with 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 staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff –to- 20 residents per shift. All staff shall be awake during sleeping hours.

The applicant acknowledges an understanding of the training and qualification 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), L-1 Identity Solutions™ (formerly Identix ®), and the

related documents required to be maintained in each employees 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 documentation and signatures that are to be completed prior to each direct care staff or volunteer working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee's file.

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 an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required 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 the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident's file.

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.

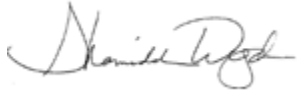
D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been

determined. Compliance with Quality-of-care will be assessed during the period of temporary licensing via an on-site inspection.

IV. RECOMMENDATION

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



09/26/2025

Shamidah Wyden
Licensing Consultant

Date

Approved By:



09/26/2025

Mary E. Holton
Area Manager

Date