



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 7, 2025

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

RE: License #:	AL730301044 <b>Stone Crest Senior Living-Wing A</b> <b>255 North Main</b> <b>Freeland, MI 48623</b>
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Dear Connie Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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,

A handwritten signature in black ink that reads "Susan Hutchinson". The signature is written in a cursive style with a large initial 'S'.

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**

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

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2025

Date of Bureau of Fire Services Inspection if applicable: 03/24/2025

Date of Health Authority Inspection if applicable: 10/02/2025

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
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:  
08/22/24: R.40015312(6), R.40015204(2), 05/18/24: R.400.15303(2),  
R.400.15312(3) 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 found to be in non-compliance with the following rules:	
<b>R 400.15402</b>	<b>Food service.</b>
	<b>(4) All food service equipment and utensils shall be constructed of material that is nontoxic, easily cleaned, and maintained in good repair. All food services equipment and eating and drinking utensils shall be thoroughly cleaned after each use.</b>
At the time of my inspection, I noted that the dishwasher in the kitchen is not hooked up and is not working properly. All food service equipment must be maintained in good repair.	
<b>R 400.15402</b>	<b>Food service.</b>
	<b>(6) Household and cooking appliances shall be properly installed according to the manufacturer's recommended safety practices. Where metal hoods or canopies are provided, they shall be equipped with filters. The filters shall be maintained in an efficient condition and kept clean at all times. All food preparation surfaces and areas shall be kept clean and in good repair.</b>
At the time of my inspection, I noted the following: <ul style="list-style-type: none"> <li>• Both commercial ovens are not working properly. They must be repaired or replaced.</li> <li>• The ignitor on the 5-burner stove does not work properly. The stove must be repaired or replaced.</li> <li>• The metal hood filter above the stove is excessively dirty and must be cleaned.</li> <li>• Several of the kitchen drawers are missing and need to be repaired or replaced.</li> </ul>	
<b>R 400.15403</b>	<b>Maintenance of premises.</b>
	<b>(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.</b>
At the time of my inspection, I noted that the carpeting in multiple resident bedrooms and the carpeting in the common areas of the facility is excessively stained and worn. The carpeting must be cleaned and/or replaced.	

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Susan Hutchinson*

October 7, 2025

Susan Hutchinson Licensing Consultant	Date
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