



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 11, 2021

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

RE: License #: AL700289600
Georgetown Manor - East
141 Port Sheldon Road
Grandville, MI 49418

Dear Mrs. 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

Toya Zylstra, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Phone: (616) 333-9702
Fax: (616) 356 0101

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

I. IDENTIFYING INFORMATION

License #: AL700289600

Licensee Name: Baruch SLS, Inc.

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

Licensee Telephone #: (616) 285-0573

Licensee/Licensee Designee: Connie Clauson, Designee

Administrator: Marcus Ribant

Name of Facility: Georgetown Manor - East

Facility Address: 141 Port Sheldon Road
Grandville, MI 49418

Facility Telephone #: (616) 457-3050

Original Issuance Date: 02/21/2013

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/10/2021

Date of Bureau of Fire Services Inspection if applicable: 10/06/2020

Date of Health Authority Inspection if applicable: 08/10/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 15
No. of others interviewed N/A Role: [REDACTED]

- Medication pass / simulated pass observed? Yes No If no, explain. Medications passed prior to inspection.
- 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.

This facility was found to be in non-compliance with the following rules:

R 400.15310

Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Findings: Facility staff did not complete a weight record for Resident D for the month of March 2021.

Exit Conference: Licensee Designee Connie Clauson agreed to the finding and reported a Corrective Action Plan would be submitted.

R 400.15312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Findings: A review of the facility Medication Administration Record indicates that on 07/26/21 and 07/30/21 Resident A did not receive her prescribed Lorazepam .5 mg tablet due to the facility not having the medication on hand. A review of the facility Medication Administration Record indicates Resident B has been administered 5 mg Melatonin although the Medication Administration Record indicates Resident B is prescribed 3 mg Melatonin and Resident B has been administered 500 mg Acetaminophen although the Medication Administration Record indicates Resident B is

prescribed 325 mg Acetaminophen. A review of the facility Medication Administration Record indicates Resident C is prescribed Loratadine PRN, however the facility does not have the medication on hand.

Exit Conference: Licensee Designee Connie Clauson agreed to the finding and reported a Corrective Action Plan would be submitted.

R 400.15318

Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

Findings: Facility staff did not complete sleeping hour fire drills.

Exit Conference: Licensee Designee Connie Clauson agreed to the finding and reported a Corrective Action Plan would be submitted.

IV. RECOMMENDATION

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



08/11/2021

Toya Zylstra, Licensing Consultant

Date