



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 9, 2022

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

RE: License #: AL700289600  
Investigation #: 2022A0583037  
Georgetown Manor - East

Dear Mrs. Clauson:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. 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 time frames 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 responsible party and a date.

If you desire technical assistance in addressing these issues, please contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action.

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) 356-0183.

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  
(616) 333-9702

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL700289600
<b>Investigation #:</b>	2022A0583037
<b>Complaint Receipt Date:</b>	07/21/2022
<b>Investigation Initiation Date:</b>	07/21/2022
<b>Report Due Date:</b>	08/20/2022
<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>Administrator:</b>	Connie Clauson
<b>Licensee Designee:</b>	Connie Clauson
<b>Name of Facility:</b>	Georgetown Manor - East
<b>Facility Address:</b>	141 Port Sheldon Road Grandville, MI 49418
<b>Facility Telephone #:</b>	(616) 457-3050
<b>Original Issuance Date:</b>	02/21/2013
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	08/23/2021
<b>Expiration Date:</b>	08/22/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, AGED, ALZHEIMERS

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Staff do not provide Resident A with adequate care and supervision.	Yes
Resident A's bedroom is unclean and unkept.	Yes
Additional findings	Yes

## III. METHODOLOGY

07/21/2022	Special Investigation Intake 2022A0583037
07/21/2022	APS Referral
07/21/2022	Contact - Telephone call made Magdalen Heerspink, former staff
07/21/2022	Contact – Document received Magdalen Heerspink, former staff
07/22/2022	Inspection Completed On-site Amanda Beecham Regional Director, Staff Rachel Rynbrandt, Resident A
07/26/2022	Contact – Telephone Staff Robin Rogers
07/27/2022	Contact – Document received Amanda Beecham, Regional Director
08/04/2022	Exit Conference Licensee Designee Connie Clauson

**ALLEGATION: Staff do not provide Resident A with adequate care and supervision.**

**INVESTIGATION:** On 07/21/2022 complaint allegations were received by the BCAL online reporting system. The complaint alleged that facility staff do provide Resident A adequate care and supervision.

On 07/21/2022 I emailed complaint allegations to Adult Protective Services Centralized Intake.

On 07/21/2022 I interviewed former staff Magdalen Heerspink via telephone. Ms. Heerspink stated she worked at the facility until 07/11/2022 at which time her employment was terminated. Ms. Heerspink stated Resident A suffers from dementia with psychiatric features such as aggression and obsessive compulsive disorder. Ms. Heerspink stated facility staff are afraid of Resident A due to his aggressive behaviors and consequently do not check on his wellbeing and do not change his bedding often enough. Ms. Heerspink stated that on 05/26/2022 staff Rachel Rynbrandt texted Ms. Heerspink and staff Robin Rogers photographs of Resident A's bedding which was observed to be wet and dirty. Ms. Heerspink stated the photograph's displayed Resident A's sheets and mattress pad as wet with brown stains. Ms. Heerspink stated Ms. Rogers described the state of Resident A's bedding as "neglectful" and evidence that staff are not changing his bedding often enough.

On 07/21/2022 I received from former staff Magdalen Heerspink text messaged screen shots of a 05/26/2022 text thread which included Ms. Heerspink, staff Rachel Rynbrandt, and staff Robin Rogers. The text message contained photographs identified by Ms. Rynbrandt as Resident A's sheets and mattress pad. I observed the photographs contained stained and wet sheets and mattress pad. I reviewed in the text message Ms. Rynbrandt states, "(Resident A) actually took them off his bed and had them laying in a pile by his closet", and "I know that some of the younger staff may be afraid of him... so I'm not sure if we need some older staff over here", "couldn't save the fitted sheet nor 2 bed pads", and "I asked him how many days and he said a couple, and he thanked me for putting clean sheets on". I noted that in the text thread that Ms. Rogers stated, "This is a sign of neglect - rounds are not being done".

On 07/22/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Regional Director Amanda Beecham and staff Rachel Rynbrandt privately.

Ms. Beecham stated she was not an employee of the facility on 05/26/2022 and therefore cannot speak to the 05/26/2022 photographs. Ms. Beecham stated Resident A has been diagnosed with Schizophrenia with compulsive behaviors. Ms. Beecham stated Resident A should be checked on hourly and his sheets should be changed immediately after observed to be wet. Ms. Beecham observed the 05/26/2022 photographs of Resident A's bedding and agreed Resident A had not been checked on hourly and the state of the bedding indicated it was soiled for a considerable amount of time.

Ms. Rynbrandt stated she heard secondhand information that staff were afraid of Resident A and therefore did not check on him hourly. Ms. Rynbrandt stated she observed Resident A's soiled bedding on 05/26/2022, photographed the bedding, and texted the information to multiple staff. Ms. Rynbrandt stated on 05/26/2022 she observed Resident A's bedding appeared wet and soiled and estimated the bedding had been in that state for "24 to 48 hours". Ms. Rynbrandt stated staff are required

to perform “check and changes” hourly however they are not being done. Ms. Rynbrandt stated she had worked at the facility on the evening of 05/25/2022 and did not check and change Resident A during the evening of that shift.

While at the facility on 07/22/2022 I visually verified the well-being of Resident A who appeared adequately groomed and without odor. A formal interview could not be completed as a result of Resident A’s pervasive mental health symptoms.

On 07/26/2022 I interviewed staff Robin Rogers via telephone. Ms. Rogers explained her job title as “assistant administrator” and reported she is a Registered Nurse. Ms. Rogers stated she received a text message from staff Rachel Rembrandt of 05/26/2022 with photographs of Resident A’ s bedding that presented as unclean and wet. Ms. Rogers stated she responded to the photographs via text by stating, “This is a sign of neglect - rounds are not being done”. Ms. Rogers stated she has heard that some staff were “a little bit afraid” of Resident A due to his aggressive behaviors. Ms. Rogers stated prior to the 05/26/2022 incident, Ms. Rogers has observed no indications that Resident A had not received adequate personal care.

On 07/27/2022 I received an email from Regional Director Amanda Beecham which contained Resident A’s Assessment Plan. The document was signed 12/09/2021 and states Resident A exhibits “hallucinations”, “delusions”, and is “non-compliant”. Resident A’s Assessment Plan indicates Resident A “requires staff to wash and change linens”.

On 08/04/2022 I completed an Exit Conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated she agreed with the findings and would complete an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.15303</b>	<b>Resident care; licensee responsibilities.</b>
	<b>(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.</b>
<b>ANALYSIS:</b>	Resident A’s Assessment Plan indicates Resident A “requires staff to wash and change linens”.  Former staff Magdelene Heerspink stated facility staff are afraid of Resident A due to his aggressive behaviors and consequently do not check on his wellbeing and do not change his bedding often enough. Ms. Heerspink stated that on 05/26/2022 staff Rachel Rynbrandt texted Ms. Heerspink and staff Robin Rogers photographs of Resident A’s bedding which was observed to be wet and dirty. Ms. Heerspink stated the photographs displayed

	<p>Resident A's sheets and mattress pad as wet with brown stains. Ms. Heerspink stated Ms. Rogers described the state of Resident A's bedding as "neglectful".</p> <p>Regional Director Amanda Beecham stated Resident A should be checked on hourly and his sheets should be changed immediately after observed to be wet. Ms. Beecham observed the 05/26/2022 photographs of Resident A's bedding and agreed Resident A had not been checked on hourly and the state of the bedding indicated it was soiled for a considerable amount of time.</p> <p>Staff Rachel Rynbrandt stated she observed Resident A's soiled bedding on 05/26/2022, photographed the bedding, and texted the information to multiple staff. Ms. Rynbrandt stated on 05/26/2022 she observed Resident A's bedding appeared wet and soiled and estimated the bedding had been in that state for "24 to 48 hours". Ms. Rynbrandt stated staff are required to perform "check and changes" hourly however they are not being done. Ms. Rynbrandt stated she worked at the facility on the evening of 05/25/2022 and did not check and change Resident A during the evening of that shift.</p> <p>I received from former staff Magdalen Heerspink text messaged screen shots of a 05/26/2022 text thread which included Ms. Heerspink, staff Rachel Rynbrandt, and staff Robin Rogers. The text message contained photographs identified by Ms. Rynbrandt as Resident A's sheets and mattress pad. The photographs contained stained and wet sheets and a mattress pad. The text message Ms. Rynbrandt states "(Resident A) actually took them off his bed and had them laying in a pile by his closet", and "I asked him how many days and he said a couple.</p> <p>There is a preponderance of evidence to substance violation of R 400.15303 (2).</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Resident A's bedroom is unclean and unkept.**

**INVESTIGATION:** On 07/21/2022 complaint allegations were received by the BCAL online reporting system. The complaint alleged that Resident A's bedroom is unclean and unkept.

On 07/21/2022 I interviewed former staff Magdalen Heerspink via telephone. Ms. Heerspink stated Resident A's bedroom smells of urine and the carpet is soiled with mildew. Ms. Heerspink stated staff often leave soiled briefs in Resident A's bedroom causing Resident A's bedroom to smell of urine.

On 07/22/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Regional Director Amanda Beecham. Ms. Beecham stated Resident A displays obsessive compulsive behaviors in the form of picking his bedroom carpet strands and unraveling the carpet. Ms. Beecham stated Resident A's carpet is currently "ruined" as a result of pulling carpet strands. Ms. Beecham stated staff have no plans to replace the carpet until Resident A is discharged from the facility although a 30 day discharge has not been issued. Ms. Beecham denied the carpet was moldy.

While at the facility on 07/22/2022, I observed Resident A's bedroom displayed a strong odor of urine. I did not observe mold on Resident A's carpet or dirty adult briefs. I did observe the entire perimeter of Resident A's carpet was unraveling which exposed the bare floor underlayment. I observed the threshold to Resident A's bedroom lacked carpeting due to being unraveled and presented as a trip hazard.

On 08/04/2022 I completed an Exit Conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated she agreed with the findings and would complete an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<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>
<b>ANALYSIS:</b>	<p>I observed Resident A's bedroom displayed a strong odor of urine and the entire perimeter of Resident A's carpet was unraveling which exposed the bare floor underlayment. I observed the threshold to Resident A's bedroom lacked carpeting due to being unraveled and presented as a trip hazard.</p> <p>There is a preponderance of evidence to substantiate violation of R 400.15403 (5).</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>



**ADDITIONAL FINDING: Resident A's Assessment Plan was not completed annually.**

**INVESTIGATION:** On 07/27/2022 I received an email from Amanda Beecham which contained Resident A's Assessment Plan. I noted Resident A's Assessment Plan is not signed by the Licensee Designee or Administrator.

On 08/04/2022 I completed an Exit Conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated she agreed with the findings and would complete an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	Resident A's Assessment Plan is not signed by the Licensee Designee or Administrator.  There is a preponderance of evidence to substance violation of R 400.14301 (4).
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an Acceptable Corrective Action Plan, I recommend the license remain unchanged.



08/09/2022

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Toya Zylstra  
Licensing Consultant

Date

Approved By:

A handwritten signature in blue ink that reads "Jerry Hendrick". The signature is fluid and cursive, with the first name "Jerry" being more prominent than the last name "Hendrick".

08/09/2022

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Jerry Hendrick  
Area Manager

Date