



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 5, 2022

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

RE: License #: AL700289601  
Investigation #: 2022A0583038  
Georgetown Manor - West

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>	AL700289601
<b>Investigation #:</b>	2022A0583038
<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 - West
<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>	08/15/2021
<b>Expiration Date:</b>	08/14/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility is insufficiently staffed.	Yes
Facility staff did not provide adequate personal care to Resident A.	Yes
Staff Robin Rogers photographed Resident A's naked buttocks and emailed the photograph without permission.	Yes
Additional findings	Yes

**III. METHODOLOGY**

07/21/2022	Special Investigation Intake 2022A0583038
07/21/2022	Special Investigation Initiated - Telephone Magdalen Heerspink, former staff
07/21/2022	Contact – Document received Magdalen Heerspink, former staff
07/21/2022	APS Referral
07/22/2022	Inspection Completed On-site Regional Director Amanda Beecham, Staff Rachel Rynbrandt
07/22/2022	Contact - Face to Face Resident A
07/26/2022	Contact – Telephone Staff Robin Rogers
07/27/2022	Contact – Document received Amanda Beecham, Regional Director
07/27/2022	Contact – Document received Amanda Beecham, Regional Director
07/28/2022	Contact – Document received Amanda Beecham, Regional Director
08/04/2022	Exit Conference Licensee Designee Connie Clauson

**ALLEGATION: On approximately two occasions the facility lacked any staff working third shift.**

**INVESTIGATION:** On 07/21/2022 complaint allegations were received by the BCAL online reporting system. The complaint alleged that the facility is insufficiently staffed.

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 she was terminated. Ms. Heerspink explained that her primary job responsibly included scheduling staff. Ms. Heerspink stated the facility lacks adequate staff to cover all shifts and consequently the facility has operated with no staff from 11:00 pm until 7:00 am on at least two occasions within the past six months. Ms. Heerspink stated she could not recall the exact dates in which the facility operated with no staff.

On 07/22/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Regional Director Amanda Beecham. Ms. Beecham acknowledged that the facility is understaffed. Ms. Beecham stated on two occasions the facility has operated with no staff from 11:00 pm until 7:00 am. Ms. Beecham stated staff working at a separate facility named Georgetown - East (AL700289600) which connects via adjoining door often visit the facility during the 11:00 pm -7:00 am shift to check on facility residents.

On 07/27/2022 I received an email from Regional Director Amanda Beecham with accompanying documents. The email stated "On 6/24/22 when there was a call in Robin Rodgers came in and worked West." The attached documents contained a staffing schedule for the dates of 05/17/2022 and 06/24/2022. The 05/17/2022 staffing schedule indicated the facility census was 16 residents and no staff worked on 05/17/2022 11:00 pm until 5/18/2022 at 7:00 am. The 06/24/2022 staffing schedule indicated the facility census was 15 residents and no staff were scheduled to work on 06/24/2022 11:00 pm until 7:00 am.

On 07/27/2022 I received an email from Regional Director Amanda Beecham. Ms. Beecham's email stated the following: "When no one came in for 3rd shift, Robin was called immediately, she lives 5 minutes away. So it was less than 15 minutes. Yes, we were understaffed for 15 minutes in that building but staff present in adjoining building was aware and knew that Robin was coming in."

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 400.15206</b>	<b>Staffing requirements.</b>

	<b>(1) The ratio of direct care staff to residents shall be adequate as determined by the department, to carry out the responsibilities defined in the act and in these rules and shall not be less than 1 direct care staff to 15 residents during waking hours or less than 1 direct care staff member to 20 residents during normal sleeping hours.</b>
<b>ANALYSIS:</b>	<p>Regional Director Amanda Beecham acknowledged the facility operated with no staff on 05/17/2022 from 11:00 pm until 11:15 pm and operated with no staff on 06/24/2022 from 11:00 pm until 06/25/2022 7:00 am. Ms. Beecham stated on 05/17/2022 the facility housed sixteen residents and on 06/24/2022 the facility housed fifteen residents. A review of facility staff schedules confirms Ms. Beecham’s information to be accurate.</p> <p>There is a preponderance of evidence to substance violation of R 400.15206 (1).</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ALLEGATION: Facility staff did not provide adequate personal care to Resident A.**

**INVESTIGATION:** On 07/21/2022 complaint allegations were received by the BCAL online reporting system. The complaint alleged that the facility did not provide adequate personal care to Resident A.

On 07/21/2022 I interviewed former staff Magdalen Heerspink via telephone. Ms. Heerspink stated that while Resident A was residing at the facility he was diagnosed with “large pressure sores” on his buttocks. Ms. Heerspink stated Resident A was diagnosed with the medical condition due to staff leaving Resident A “to sit for hours” without staff repositioning him and due to staff not toileting and changing Resident A's soiled briefs often enough. Ms. Heerspink stated Resident A’s naked buttocks was photographed by staff Robin Rogers and emailed to Ms. Heerspink on 04/28/2022 with the subject line “Picture for training”. Ms. Heerspink stated Ms. Rogers told Ms. Heerspink to show the photograph to other facility staff at training because Resident A’s buttocks displayed a lack of personal care and negligence on the part of staff. Ms. Heerspink stated Resident A’s wounds necessitated a referral to hospice for wound care. Ms. Heerspink stated Resident A recently moved to a new facility on the same campus.

On 07/21/2022 I received from former staff Magdalen Heerspink a text message with a screen shot of an email authored by staff Robin Rogers on 04/28/2022 and sent to Ms. Heerspink. The email contained a picture of an enflamed, scaling, buttocks and the email was entitled “Picture for training”.

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

Ms. Beecham stated Resident A has moved to a new facility on the same campus. Ms. Beecham stated she was unaware of Resident A sustaining pressure sores.

Ms. Rynbrandt stated Resident A receives hospice services who are currently assisting Resident A with his showering, hygiene, and wound care. Ms. Rynbrandt stated Resident A has had ongoing issues with his buttocks becoming enflamed and staff currently apply “magic butt cream” as needed. Ms. Rynbrandt stated to her knowledge, staff have provided Resident A adequate personal care and toileting assistance. Ms. Rynbrandt stated she has not had concerns regarding the level of care provided to Resident A. Ms. Rynbrandt stated she has not observed the photograph of Resident A’s enflamed buttocks.

On 07/22/2022 I attempted to interview Resident A at the Cambridge – South facility which is located on the same campus. I observed Resident A appeared clean and free of odor. Resident A was sitting in his chair in his private bedroom watching television alone. Resident A was unable to complete an interview given his mental disabilities.

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 that on 04/27/2022 or 04/28/2022 she photographed Resident A’s enflamed buttocks and emailed the photograph to staff Magdalen Heerspink with the title “Picture for training”. Ms. Rogers stated the photograph was added to a “power point” slide and disseminated to staff during a training. Ms. Rogers stated the photograph depicted “a good example for training” of what can happen when residents are not provided adequate personal care in the form of adequate toileting, positioning, and brief changes. Ms. Rogers described Resident A's buttocks on the date of the photograph as “sore” and “in need of protective ointment”. Ms. Rogers stated, things like Resident A’s enflamed buttocks condition can happen with or without adequate care and Ms. Rogers stated she had no direct knowledge of staff not providing adequate care. Ms. Rogers stated Resident A requires check and changes every two hours and hourly checks for safety. Ms. Rogers stated a referral was made for hospice services however Ms. Rogers explained that the referral was due to Resident A’s overall health decline and specifically for the wounds on his buttocks.

On 07/27/2022 I received an email from Amanda Beecham which contained Resident A’s Assessment Plan. The document was signed on 07/13/2020 and states Resident A “requires regular employee assistance with managing bowel and/or bladder care”.

On 08/04/2022 I completed an Exit Conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated she 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>	<p>Resident A's Assessment Plan states Resident A "requires regular employee assistance with managing bowel and/or bladder care".</p> <p>Former staff Magdalene Heerspink stated Resident A was diagnosed with pressure sores on his buttocks due to staff leaving Resident A "to sit for hours" without staff repositioning him and due to staff not toileting and changing Resident A's soiled briefs often enough.</p> <p>Former staff Magdalen Heerspink provided a text message with a screen shot of an enflamed, scaling, naked buttocks reported to be Resident A's.</p> <p>Staff Robin Rogers stated that on 04/27/2022 or 04/28/2022 she photographed Resident A's enflamed buttocks and emailed the photograph to staff Magdalen Heerspink. Ms. Rogers stated the photograph depicted a good example of what can happen when residents are not provided adequate personal care in the form of adequate toileting, positioning, and brief changes.</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: Staff Robin Rogers photographed Resident A's naked buttocks and emailed the photograph without permission.**

**INVESTIGATION:** On 07/21/2022 complaint allegations were received by the BCAL online reporting system. The complaint alleged that staff Robin Rogers photographed Resident A's naked buttocks and emailed the photograph without permission.



On 07/21/2022 I interviewed former staff Magdalen Heerspink via telephone. Ms. Heerspink stated staff Robin Rogers emailed the photograph of Resident A's naked and enflamed buttocks to Ms. Heerspink on 04/28/2022 with the subject line "Picture for training". Ms. Heerspink stated Ms. Rogers told Ms. Heerspink to show the photograph to other facility staff "at training" because Resident A's buttocks displayed a lack of personal care and negligence on the part of staff. Ms. Heerspink stated Ms. Rogers never obtained consent to take the photograph of Resident A's naked buttocks and did not obtain consent to disseminate it to others.

On 07/21/2022 I received from former staff Magdalen Heerspink a text message with a screen shot of an email authored by staff Robin Rogers on 04/28/2022 and sent to Ms. Heerspink. The email contained a picture of an enflamed, scaling, naked buttocks and the email was entitled "Picture for training".

On 07/22/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Regional Director Amanda Beecham. Mr. Beecham stated she did not work at the facility on 04/28/2022 and was unaware of the existence of the 04/28/2022 email and photograph of Resident A's buttocks. Ms. Beecham stated "staff shouldn't be photographing" residents and disseminating such material.

On 07/26/2022 I interviewed staff Robin Rogers via telephone. Ms. Rogers stated that on 04/27/2022 "or" 04/28/2022 she photographed Resident A's naked and enflamed buttocks and emailed the photograph to staff Magdalen Heerspink with the title "Picture for training". Ms. Rogers stated the photograph was added to a "power point" slide and disseminated to staff during a training. Ms. Rogers stated she was under the belief that all residents' legal decision makers sign a general consent form to allow staff to photograph residents. Ms. Rogers stated she did not know if Resident A's legal decision maker signed a consent form to allow the photographing of Resident A. Ms. Rogers stated she did not know if the consent form allowed for staff to photograph a resident's naked buttocks and did not specifically seek consent to do so.

On 07/28/2022 I received an email from Regional Director Amanda Beecham which indicated that she could find no documentation that Resident A's legal decision maker had signed approval for any type of photographs to be taken of Resident A.

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

<b>APPLICABLE RULE</b>	
<b>R 400.14304</b>	<b>Resident rights; licensee responsibilities.</b>
	<b>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's</b>

	<p>designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p>(o) The right to be treated with consideration and respect, with due recognition of personal dignity, individuality, and the need for privacy.</p> <p>(2) A licensee shall respect and safeguard the resident's rights specified in subrule (1) of this rule.</p>
<b>ANALYSIS:</b>	<p>Staff Robin Rogers stated that on 04/27/2022 "or" 04/28/2022 she photographed Resident A's naked and enflamed buttocks and emailed the photograph to staff Magdalen Heerspink. Ms. Rogers stated the photograph was added to a "power point" slide and disseminated to staff during a training.</p> <p>Regional Director Amanda Beecham stated that she could find no documentation that Resident A's legal decision maker signed approval for any type of photographs to be taken of Resident A.</p> <p>There is a preponderance of evidence to substance violation of R 400.15304 (1) (o) (2).</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. The document is signed on 07/13/2020.

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 was signed on 07/13/2020.  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.



08/04/2022

---

Toya Zylstra  
Licensing Consultant

Date

Approved By:



08/05/2022

---

Jerry Hendrick  
Area Manager

Date