



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 25, 2022

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

RE: License #: AL700289583
Investigation #: 2023A0583003
Cambridge Manor - North

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

License #:	AL700289583
Investigation #:	2023A0583003
Complaint Receipt Date:	09/26/2022
Investigation Initiation Date:	09/27/2022
Report Due Date:	10/26/2022
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Connie Clauson
Licensee Designee:	Connie Clauson
Name of Facility:	Cambridge Manor - North
Facility Address:	151 Port Sheldon Road Grandville, MI 49418
Facility Telephone #:	(616) 457-3050
Original Issuance Date:	03/25/2013
License Status:	REGULAR
Effective Date:	01/27/2022
Expiration Date:	01/26/2024
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed.	Yes
Additional Findings	Yes

III. METHODOLOGY

09/26/2022	Special Investigation Intake 2023A0583003
09/27/2022	Special Investigation Initiated - On Site Staff Robin Rogers
09/27/2022	Contact - Telephone call made Staff Maranda Maulson
09/28/2022	Inspection Completed On-site Regional Director Amanda Beacham, Resident A, Resident B, Resident C
10/03/2022	Contact - Document Received Staff Rebecca Jiggins
10/05/2022	Contact - Telephone call made Staff Heather Dugan
10/06/2022	Contact - Telephone call made Staff Jennifer Davidson
10/14/2022	APS Referral
10/14/2022	Contact – Telephone call made Staff Rebecca Jiggins
10/25/2022	Exit Conference Licensee Designee Connie Clauson

ALLEGATION: The facility is insufficiently staffed.

INVESTIGATION: On 09/26/2022 a complaint allegation was received from an anonymous complainant alleging that the facility is understaffed.

On 09/27/2022 I interviewed staff Maranda Maulson via telephone. Ms. Maulson stated the facility is understaffed. Ms. Maulson stated staff Heather Dugan worked

alone at the facility on 09/25/2022 from 7:00 AM until 3:00 PM. Ms. Maulson stated the facility is “a 20 person unit”.

On 09/28/2022 I completed and unannounced onsite investigation at the facility and interviewed Regional Director Amanda Beacham. Licensing Consultant Megan Aukerman was present during the inspection. Ms. Beacham acknowledged that staff Heather Dugan did work part of her first shift alone on 09/25/2022. Ms. Beacham stated that the facility houses twenty residents.

Resident B stated that there is a “shortage of staff”. Resident B stated, “a while back” he requested assistance from a staff by the name of “Heather” and she informed Resident B that “I’m the only one here working”.

Resident C stated the facility “needs dependable staff” and is “short staffed”. Resident C stated that “sometimes” the facility operates during the day with only “one staff”.

On 10/03/2022 I received an email from staff Rebecca Jiggins which contained the staff schedule for September 2022. The staff schedule was poorly constructed and difficult to decipher. I observed that the staff schedule was not updated, easily discernable, and did not document when all staff started and ended their shifts.

On 10/05/2022 I interviewed former staff Heather Dugan via telephone. Ms. Dugan stated she quit working at the facility last Wednesday due to insufficient staffing to meet residents’ needs. Ms. Dugan stated that on 09/25/2022 she worked alone from 7:00 AM until 3:00 PM. Ms. Dugan stated she provided care to twenty residents on 09/25/2022 as a result of “staff call ins”.

On 10/06/2022 I interviewed staff Jennifer Davidson. Ms. Davidson stated that the facility houses twenty residents and on numerous dates she has worked alone on first shift. Ms. Davison stated, “on a Saturday a couple weeks ago” she worked alone at the facility from 7:00 AM until 1:30 PM because another staff had “called in”.

On 10/14/2022 I emailed complaint allegations to Centralized Intake.

On 10/25/2022 I completed and Exit Conference with Licensee Designee Connie Clauson and informed her of the Special Investigation findings. Ms. Clauson stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(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.
ANALYSIS:	<p>Regional Director Amanda Beacham acknowledged that staff Heather Dugan did work alone during a portion of her first shift on 09/25/2022. Ms. Beacham stated that the facility houses twenty residents.</p> <p>Resident B stated, “awhile back” he requested assistance from a staff by the name of “Heather” and she informed Resident B that she was working alone.</p> <p>Resident C stated the sometimes the facility operates during the day with only one staff.</p> <p>Staff Heather Dugan stated that on 09/25/2022 she worked alone from 7:00 AM until 3:00 PM. Ms. Dugan stated she provided care to twenty residents on 09/25/2022.</p> <p>Staff Jennifer Davidson stated she has worked first shift alone. Ms. Davison stated that on a Saturday a couple weeks ago she worked at the facility independently from 7:00 AM until 1:30 PM.</p> <p>There is a preponderance of evidence to substance violation of R 400.15206 (1).</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: The facility staffing schedule lacks required information.

INVESTIGATION: On 10/03/2022 I received an email from staff Rebecca Jiggins which contained the staff schedule for September 2022. The staffing schedule was poorly constructed and difficult to decipher. It was not updated, easily discernable, and did not document when all staff started and ended their shifts.

On 10/06/2022 I interviewed staff Jennifer Davidson. Ms. Davidson stated the facility staff schedule is “never updated” to reflect staff “call ins”. Ms. Davidson stated that the staff schedule is neither clear nor discernable.

On 10/14/2022 I interviewed staff Rebecca Jiggins via telephone. Ms. Jiggins stated she observed the facility staff schedule appears “hard to read and doesn’t make sense”.

On 10/25/2022 I completed and Exit Conference with Licensee Designee Connie Clauson and informed her of the Special Investigation findings. Ms. Clauson stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	<p>(3) A licensee shall maintain a daily schedule of advance work assignments, which shall be kept for 90 days. The schedule shall include all of the following information:</p> <ul style="list-style-type: none"> (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
ANALYSIS:	<p>The September 2022 facility staff schedule was not updated, easily discernable, and did not document when all staff started and ended their shifts.</p> <p>Staff Jennifer Davidson stated the facility staff schedule is “never updated” to reflect staff “call ins”. Ms. Davidson stated that the staff schedule is neither clear nor discernable.</p> <p>Staff Rebecca Jiggins stated she observed the facility staff schedule appears “hard to read and doesn’t make sense”.</p> <p>There is a preponderance of evidence to substance violation of R 400.15208 (3).</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: Staff do not provide adequate resident care.

INVESTIGATION: On 09/28/2022 I completed an unannounced onsite investigation at the facility and interviewed Regional Director Amanda Beacham. Licensing Consultant Megan Aukerman was present during the inspection.

Ms. Beacham stated the facility is facing a staffing shortage however she has no knowledge of residents not receiving adequate personal care as a result.

Resident A stated she receives adequate resident care. She stated she receives her medications as prescribed.

Resident B stated that there is a “shortage” of staff and staff are “slow” to assist him with his care when he requests. Resident B stated he has waited “over an hour” after he requested staff assistance with showering. Resident B stated, “awhile back” he requested assistance from a staff by the name of “Heather” and she informed Resident B that she was the only one working.

Resident C stated that “sometimes” the facility operates during the day with only one staff and she has had to wait an hour before a staff member responded to her “call button”. Resident C stated she suffers from migraine headaches multiple times a week and she has had to wait an hour before staff were able to administer her migraine medication.

On 10/05/2022 I interviewed former staff Heather Dugan via telephone. Ms. Dugan stated she quit working at the facility last Wednesday due to insufficient staffing levels to meet residents’ care needs. Ms. Dugan stated she “informed management multiple times” regarding the lack of staffing however the concerns were never addressed. Ms. Dugan stated that resident care has greatly diminished due to low staffing. Ms. Dugan stated that it is not uncommon for residents to go seven days without being showered. Ms. Dugan stated that numerous times residents were left in their beds in the mornings until 9:30 AM because there was not enough staff to get them up and cared for. Ms. Dugan stated that on 09/25/2022 she worked alone from 7:00 AM until 3:00 PM and provided care to twenty residents as a result of “staff call ins”. Ms. Dugan stated the last resident she was able to “get up” that morning was Resident D and Resident D was unable to eat breakfast until 9:30 AM. Ms. Dugan stated Resident D had been served dinner the preceding day at 5:30 PM therefore she went 16 hours between meals.

On 10/06/2022 I interviewed staff Jennifer Davidson. Ms. Davidson stated that the facility houses twenty residents and on numerous dates she has worked alone on first shift. Ms. Davison stated that “on a Saturday a couple weeks ago” she worked alone at the facility from 7:00 AM until 1:30 PM because another staff had called in. Ms. Davidson stated that she was able to provide adequate resident care despite working alone at the facility, “but it was hard”.

On 10/25/2022 I completed an Exit Conference with Licensee Designee Connie Clauson and informed her of the Special Investigation findings. Ms. Clauson stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15305	Resident protection.
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.

<p>ANALYSIS:</p>	<p>Resident B stated the staff are “slow” to assist him with his care when he requests. Resident B stated he has waited “over an hour” after he requested staff assistance with showering.</p> <p>Resident C stated that “sometimes” the facility operates during the day with only one staff and she has had to wait “an hour” before a staff member responded to her “call button”. Resident C stated she suffers from migraine headaches multiple times a week and she had to wait an hour before staff were able to administer her migraine medication.</p> <p>Staff Heather Dugan stated that it is not uncommon for residents to go seven days without being showered due to low staffing levels. Ms. Dugan stated that numerous times residents were left in their beds in the mornings until up to 9:30 AM because there was not enough staff to get them up.</p> <p>There is a preponderance of evidence to substance violation of R 400.15305 (3).</p>
<p>CONCLUSION:</p>	<p>VIOLATION ESTABLISHED</p>

ADDITIONAL FINDINGS: The facility did not provide Resident D with meals no more than 14 hours apart.

INVESTIGATION: On 10/05/2022 I interviewed former staff Heather Dugan via telephone. Ms. Dugan stated that on 09/25/2022 she worked alone from 7:00 AM until 3:00 PM and provided care to twenty residents as a result of “staff call ins”. Ms. Dugan stated the last resident she was able to get up that morning was Resident D therefore Resident D was unable to eat breakfast until 9:30 AM. Ms. Dugan stated Resident D had been served dinner the preceding day at 5:30 PM therefore she went 16 hours between meals.

On 10/25/2022 I completed and Exit Conference with Licensee Designee Connie Clauson and informed her of the Special Investigation findings. Ms. Clauson stated she agreed with the findings and would submit an acceptable Corrective Action Plan.

<p>APPLICABLE RULE</p>	
<p>R 400.15313</p>	<p>Resident nutrition.</p>
	<p>(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form,</p>

	consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.
ANALYSIS:	Staff Heather Dugan stated that on 09/25/2022 Resident D was unable to eat breakfast until 9:30 AM. Ms. Dugan stated Resident D had been served dinner the preceding day at 5:30 PM therefore she went 16 hours between meals. There is a preponderance of evidence to substance violation of R 400.15313 (1).
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt on an acceptable Corrective Action Plan, I recommend the license remain unchanged.



10/25/2022

Toya Zylstra
Licensing Consultant

Date

Approved By:



10/25/2022

Jerry Hendrick
Area Manager

Date