



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 12, 2023

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

RE: License #: AL410289604  
Investigation #: 2023A0464040  
Stonebridge Manor - South

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 blue ink that reads "Megan Aukerman, MSW". The signature is written in a cursive style.

Megan Aukerman, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 438-3036

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410289604
<b>Investigation #:</b>	2023A0464040
<b>Complaint Receipt Date:</b>	04/14/2023
<b>Investigation Initiation Date:</b>	04/14/2023
<b>Report Due Date:</b>	06/13/2023
<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>	Stonebridge Manor - South
<b>Facility Address:</b>	3515 Leonard NW Walker, MI 49534
<b>Facility Telephone #:</b>	(616) 791-9090
<b>Original Issuance Date:</b>	10/22/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/19/2021
<b>Expiration Date:</b>	05/18/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED/ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility had several shifts when no staff were present.	Yes

**III. METHODOLOGY**

04/14/2023	Special Investigation Intake 2023A0464040
04/14/2023	APS Referral Centralized Intake, DHHS
04/14/2023	Special Investigation Initiated - Face to Face Emily Graves, Kent County APS worker
04/14/2023	Inspection Completed On-site Emily Graves (Kent County APS), Stephen Conrad (Kent County APS), Julie Treakle (Manager), Kelly Smith (Regional Director), Val Katona (Staff) and Lindsay Fromm (Staff)
04/14/2023	Contact-Document received Staff Schedules
04/28/2023	Inspection completed-Onsite Connie Clauson (licensee Designee) and Julie Treakle (Administrator)
05/12/2023	Exit Conference Connie Clauson, Licensee Designee

**ALLEGATION:** The facility had several shifts when no staff were present.

**INVESTIGATION:** On 04/14/2023, I received an online BCAL complaint which alleged the facility does not have sufficient staff to care for all of the residents. The complaint also alleged there were incidents where there were no staff to care for the residents.

On 04/14/2023, I contacted the Department of Health and Human Services (DHHS), Centralized Intake to complete an Adult Protective Services (APS) referral per policy.

On 04/14/2023, I met with Kent County APS workers, Emily Graves, and Stephen Conrad, to coordinate the investigation.

On 04/14/2023, Mrs. Graves, Mr. Conrad and I completed an unannounced, onsite inspection at the facility. We interviewed newly appointed business manager, Julie Treakle. Mrs. Treakle stated she just started working at the facility; however, her mother is a resident of the facility. Mrs. Treakle stated the facility (Stonebridge Manor-South) is one of four facilities on campus (Stonebridge North, Stonebridge South, Yorkshire East, and Yorkshire West). Mrs. Treakle stated fifteen residents currently reside in Stonebridge South. The residents in the facility are primarily independent and require the least amount of staff assistance. Mrs. Treakle stated she has noticed there appears to be issues with staffing. Mrs. Treakle stated she was informed there have been occasions when the facility did not have any staff during the night and staff from adjoining buildings had to come and care for the residents as there was no staff present. Mrs. Treakle stated she is currently working on developing a new scheduling system.

Mrs. Graves, Mr. Conrad, and I then interviewed Baruch regional director, Kelly Smith. Ms. Smith stated she is working at the facility to address the current staffing concerns. Ms. Smith stated she was aware of recent incidents when the facility did not have any staff to fill a shift. Ms. Smith stated to rectify the issue, she has staff coming from other Baruch locations to fill needed shifts. She also signed contracts with two outside staffing companies, Clipboard and Interim.

We then interviewed facility staff, Val Katona. Mrs. Katona stated she primarily works in Yorkshire Manor-West but has worked in all four facilities. Mrs. Katona stated the facility is struggling to find staff. Ms. Katona stated she has worked several shifts alone and has had to work two facilities on campus at once. Mrs. Katona stated when she had to run over to another facility, which is connected, she had to leave the phone on speaker and take her cell phone with her so that she could hear if anyone needed her while she was caring for other residents.

Mrs. Graves, Mr. Conrad, and I then interviewed facility staff, Lindsay Fromm. Ms. Fromm stated the facility does not have enough staff. She stated there have been occasions when there were no staff in Stonebridge Manor-South. Staff from Stonebridge Manor-North would have to simultaneously work between the two facilities. Ms. Fromm stated the administration is trying to get more staff and using outside sources.

On 04/14/2023, I received and reviewed the staff schedules for March and April 2023. The schedules reflected that during the months of March and April 2023, there were several occasions when only a "floater" staff was working in the facility during the hours of 11:00 pm to 7:00 am. There was no "RC", resident care aid, scheduled for the building.

On 04/28/2023, I completed an unannounced, onsite inspection at the facility. I met with licensee designee, Connie Clauson, and Ms. Treakle. Mrs. Clauson stated Ms. Treakle will be the newly appointed facility administrator. Mrs. Clauson stated the facility and surrounding units are currently infected with Covid-19.

On 05/12/2023, I completed an exit conference with Ms. Clauson. She was informed of the investigation findings and recommendations. Ms. Clauson stated a corrective action plan would be submitted to licensing.

<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>On 04/14/2023, a complaint was received alleging there have been several occasions when the facility did not have any staff working.</p> <p>Staff Julie Treakle, Val Katona and Lindsay Fromm all stated the facility does not have enough staff. All three staff reported there have been occasions when there have been no staff for the facility; therefore, staff from the neighboring facility had to be pulled over; working both Yorkshire Manor-North and Yorkshire Manor-South simultaneously.</p> <p>Facility schedules were reviewed for March and April 2023. The schedules reflected there were over eight evening shifts when there was only a “floater staff “scheduled to simultaneously work at both the North and South facilities.</p> <p>Based on the investigative findings, there is sufficient evidence to support a rule violation that the facility is not sufficiently staffed.</p>
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Upon receipt of an acceptable corrective action plan, I recommend that the licensing status remain unchanged.

*Megan Aukerman, MSW*

05/12/2023

Megan Aukerman

Date

Licensing Consultant

Approved By:



05/12/2023

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Jerry Hendrick  
Area Manager

Date