State of Michigan

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS Lansing

MARLON I. BROWN, DPA ACTING DIRECTOR

October 12, 2023

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

RE: License \#: AL280369173
Investigation \#: 2023A0230037
Cherry Hill Haven III

## 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 (231) 922-5309.

Sincerely,
Rhonder Rüchards
Rhonda Richards, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942
enclosure

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

## I. IDENTIFYING INFORMATION

| License \#: | AL280369173 |
| :--- | :--- |
| Investigation \#: | 2023 A0230037 |
| Complaint Receipt Date: | $09 / 19 / 2023$ |
| Investigation Initiation Date: | $09 / 20 / 2023$ |
| Report Due Date: | $11 / 18 / 2023$ |
| Licensee Name: | Baruch SLS, Inc. |
|  | Suite 203, 3196 Kraft Avenue SE <br> Grand Rapids, MI 49512 |
| Licensee Address: | $(616) 285-0573$ |
| Licensee Telephone \#: | Jere Green |
| Administrator: | Connie Clauson |
|  | Cherry Hill Haven III |
| Licensee Designee: | 4885 N Long Lake Road, Traverse City, MI 49684 |
| Name of Facility: |  |
| Facility Address: | $(231) 645-2341$ |
|  | $08 / 28 / 2015$ |
| Facility Telephone \#: | REGULAR |
| Original Issuance Date: | $09 / 16 / 2022$ |
| License Status: | $09 / 15 / 2024$ |
| Effective Date: | 16 |
| Expiration Date: | AGED <br> ALZHEIMERS <br> Capacity: |
| Program Type: |  |

## II. ALLEGATION(S)

|  | Violation <br> Established? |
| :--- | :---: |
| Resident A requires a two-person transfer and sometimes only <br> one staff member is on shift. | Yes |

## III. METHODOLOGY

| $09 / 19 / 2023$ | Special Investigation Intake <br> $2023 A 0230037$ |
| :--- | :--- |
| $09 / 20 / 2023$ | Special Investigation Initiated - On Site <br> Interview with Administrator Jere Green and staff members Lisa <br> Teglas and Margie Shermeta |
| $10 / 06 / 2023$ | Contact - Telephone call made. <br> Staff member Samantha Dougherty |
| $10 / 06 / 2023$ | Contact - Telephone call made. <br> Staff member Nick Whichtner |
| $10 / 06 / 2023$ | Contact - Telephone call made <br> Staff member Kayleigh Roberts |
| $10 / 11 / 2023$ | Exit Conference <br> With Administrator Jere Green |

## ALLEGATION: Resident A requires a two-person transfer and sometimes only one staff member is on shift.

INVESTIGATION: On 09/20/2023, I conducted an unannounced on-site investigation at the facility and interviewed Administrator Jere Green and staff members Lisa Teglas and Margie Shereta.

Ms. Green and Ms. Teglas reviewed the Assessment plan for Resident A with me and noted that it clearly states that Resident A requires a two-person transfer. Staff member Margie Shermeta confirmed the same when interviewed.

Ms. Green stated that the census is currently 11 residents with 2-3 staff members on shift for daytime and evening hours. Between the hours of 11:00 p.m. and 7:00 a.m. there is generally only one person working with another staff that can travel around the campus to any of the four facilities if needed. Ms. Green stated that if Resident A needed to be changed, they are able to roll her and change her in bed therefore one person working has been an adequate arrangement. She acknowledged however
that there have been times during the night shift when there is only one staff on duty. In questioning whether or not one staff member could safely get Resident A out of the facility if a fire were to occur, she acknowledged that one staff member could not safely get Resident A out.

On 10/06/2023, I interviewed staff members Samantha Dougherty, Nick Whichtner and Kayleigh Roberts. All three staff members clearly stated they were aware that Resident A required two staff for transferring. All three staff members confirmed that during the overnight hours there is usually only one staff person working.

On 10/11/2023, I conducted an exit conference with Administrator Jere Green and reviewed the findings of the investigation. She stated she understood the findings and would provide a plan of correction.
$\left.\begin{array}{|l|l|}\hline \text { APPLICABLE RULE } \\ \hline \text { R 400.15206 } & \text { Staffing requirements. } \\ \hline & \begin{array}{l}\text { (2) A licensee shall have sufficient direct care staff on duty } \\ \text { at all times for the supervision, personal care, and } \\ \text { protection of residents and to provide the services } \\ \text { specified in the resident's resident care agreement and } \\ \text { assessment plan. }\end{array} \\ \hline \text { ANALYSIS: } & \begin{array}{l}\text { According to interviews with Ms. Green and five staff members } \\ \text { there is only one staff person working during the overnight hours } \\ \text { between 11:00 p.m. and 7:00 a.m. }\end{array} \\ \begin{array}{l}\text { Resident A's assessment plan clearly indicates that she requires } \\ \text { two staff members to transfer her. } \\ \text { Ms. Green acknowledged that under the circumstance with one }\end{array} \\ \text { person working the overnight shift they could not safely } \\ \text { evacuate Resident A if a fire occurred. } \\ \text { There is not sufficient direct care staff on duty between the } \\ \text { hours of 11:00 p.m. and 7:00 a.m. as Resident A's assessment } \\ \text { plan specifies that she requires two staff members to transfer. }\end{array}\right\}$

## IV. RECOMMENDATION

Upon receipt of an acceptable plan of correction I recommend this license remain unchanged.


10/12/2023

| Rhonda Richards | Date |
| :--- | :--- |
| Licensing Consultant |  |

Approved By:


10/12/2023
Jerry Hendrick Date
Area Manager

