



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 7, 2023

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

RE: License #: AL410289604  
Investigation #: 2024A0464006  
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>	2024A0464006
<b>Complaint Receipt Date:</b>	10/16/2023
<b>Investigation Initiation Date:</b>	10/16/2023
<b>Report Due Date:</b>	12/15/2023
<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>	Julie Treakle
<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>	05/19/2023
<b>Expiration Date:</b>	05/18/2025
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED/ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility does not have sufficient staff to meet resident care needs.	Yes
Resident medications are unlocked and left unattended.	No

**III. METHODOLOGY**

10/16/2023	Special Investigation Intake 2024A0464006
10/16/2023	APS Referral Centralized Intake, DHHS
10/16/2023	Special Investigation Initiated - Telephone RS
11/15/2023	Inspection Completed On-site Kevin Souser (APS) Julie Treakle (Administrator)
11/15/2023	Contact-Document received Resident Records
11/27/2023	Contact-Telephone call made Valeria Katona, Staff
11/27/2023	Contact-Telephone call made Alisha Rivera, Staff
11/30/2023	Contact-Telephone call made Colleen Perkins, Staff
12/05/2023	Exit Conference Connie Clauson, Licensee Designee

**ALLEGATION: The facility does not have sufficient staff to meet resident care needs.**

**INVESTIGATION:** On 10/16/2023, I received an online BCAL complaint, which alleged the facility does not have sufficient staff to meet residents' needs. The complaint also alleged resident medications are not locked and often left unattended on top of the medication cart.

On 10/16/2023, I contacted the Department of Health and Human Services (DHHS), Centralized Intake to complete an Adult Protective Services (APS) referral per policy.

On 10/16/2023, I spoke to the referral source (RS) by telephone. The RS stated often times there is only one staff person scheduled to work in the facility per shift. The RS stated they do not feel this is sufficient to meet the resident care needs. Because of this, often times residents wait for long periods of time to receive assistance with activities of daily living (ADL's).

On 11/15/2023, Kent County APS worker, Kevin Souser and I completed an unannounced, onsite inspection at the facility. We interviewed facility administrator, Julie Treakle. Mrs. Treakle recognized previous staffing concerns and how there was not sufficient staff to meet residents' needs. Mrs. Treakle stated there have still been incidents when staff do not show-up for a scheduled shift. The most recent incident was on 11/05/2023. A worker did not show for first shift, so she had a previous third shift worker stay on until she got there to relieve them. Mrs. Treakle stated since then, she has received assistance from the corporate office to find employees. She has also received assistance in developing new training curriculum for staff.

On 11/15/2023, I reviewed resident Assessment Plans for all fifteen residents. The Assessment Plans indicate seven residents, Residents A, C, E, H, I, J and K all require a one-person staff assist with activities of daily living (ADL), such as bathing, grooming, and dressing. The plans also reflect all seven residents are incontinent and wear adult briefs. Residents D, F, G, L, M, N and O are able to complete ADL's independently. The plans also reflect that majority of the residents who reside in the facility have a diagnosis of dementia.

On 11/27/2023, I interviewed staff, Valeria Katona by telephone. Ms. Katona stated the facility still struggles with finding sufficient staff to meet the residents' needs. Often times she is left working alone to care for all of the residents. Ms. Katona stated when there is only one staff person working, residents who require assistance, are left waiting for long periods of time.

On 11/27/2023, I interviewed staff, Alicia Rivera by telephone. Ms. Rivera confirmed up until recently, the facility did not have enough staff to meet the residents' needs. Residents would be left waiting for long periods of time to receive staff assistance. She stated within the past few weeks, administration has hired more staff and there are enough staff scheduled per shift. Ms. Rivera is hopeful staffing will remain consistent since the new changes.

On 11/30/2023, I interviewed staff, Colleen Perkins by telephone. Ms. Perkins stated she typically works third shift at the facility. She stated often times she has been the only person working third shift. Ms. Perkins stated she did not feel one person was enough working during the night. She explained there are several residents who require a one-person assist; therefore, if she is helping one resident and another needs help, they have to wait until she is available. Ms. Perkins stated she was recently terminated for an incident involving a resident elopement (SIR #2024A0464009).

On 12/05/2023, I completed an exit conference with licensee designee, Connie Clauson. She was informed of the investigation findings and recommendations. Mrs. Clauson stated a corrective action plan will be completed.

<b>APPLICABLE RULE</b>	
<b>R 400.15206</b>	<b>Staffing requirements.</b>
	<b>(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.</b>
<b>ANALYSIS:</b>	<p>On 10/16/2023, a complaint was received alleging the facility does not have enough staff to meet resident needs.</p> <p>On 11/15/2023, an unannounced, onsite inspection was completed at the facility. Facility administrator, Julie Treakle was interviewed and reported staffing was previously an issue, but new measures have been implemented and the facility has more staff.</p> <p>Staff Alisha Rivera, Valeria Katona and Collen Perkins all stated the facility does not have sufficient staff to meet the care needs of residents. Several residents require a one-person staff assist and often times residents who require assistance are left waiting for long periods of time as the staff person is assisting other residents.</p> <p>Resident Assessment Plans indicate seven of the fifteen residents are incontinent and require a one-person staff assist with activities of daily living.</p> <p>Based on the investigative findings, there is sufficient evidence to support a rule violation that the facility does not have enough staff to meet resident needs.</p>

<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>
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**ALLEGATION: Resident medications are left unlocked and unattended.**

**INVESTIGATION:** On 11/15/2023, Mr. Souser and I completed an unannounced, onsite inspection at the facility. We interviewed facility administrator, Julie Treakle. Mrs. Treakle denied observing resident medication to be unlocked or left unattended on top of the medication cart. Mrs. Treakle stated they have rectified previous medication administration issues. There is now a resident medication supervisor who ensures residents receive prescribed medications, is responsible for ordering resident medications, and ensuring medications are securely locked. Mrs. Treakle stated they have also implemented new training requirements for staff.

Mr. Souser and I then completed a tour of the facility. The medication cart was observed near the workstation. There were no medications observed unattended on top of the cart. The medication cart was observed to be securely locked. There were no concerns observed.

On 11/27/2023, I interviewed Ms. Rivera by telephone. Ms. Rivera stated she administers resident medications. She denied witnessing incidents when medications were left unlocked or unattended to.

On 11/27/2023, I interviewed Ms. Katona by telephone. Ms. Katona stated she is trained in medication administration and takes pride in how she administers resident medications as she was trained. She denied witnessing or observing resident medications unlocked or unattended to.

On 12/05/2023, I completed an exit conference with licensee designee, Connie Clauson. She was informed of the investigation findings and recommendations.

<b>APPLICABLE RULE</b>	
<b>R 400.15312</b>	<b>Resident medications.</b>
	<b>(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.</b>

<b>ANALYSIS:</b>	<p>On 10/12/2023, a complaint was received alleging resident medications are left unlocked and unattended.</p> <p>On 11/15/2023, an unannounced, onsite inspection was completed at the facility with Adult Protective Services. Facility administrator, Julie Treakle denied resident medications have ever been unlocked or left unattended.</p> <p>A tour of the facility was completed. The resident medication cart was observed near the staff workstation. There were no medications left out and unattended and the medication cart was securely locked.</p> <p>Facility staff, Alisha Rivera and Valeria Katona denied witnessing or observing resident medication left unattended or unlocked.</p> <p>Based on the investigative findings, there is insufficient evidence to support a rule violation that resident medications are left unlocked and unattended.</p>
<b>CONCLUSION:</b>	VIOLATION NOT ESTABLISHED

**IV. RECOMMENDATION**

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

*Megan Aukerman, MSW*

12/07/2023

Megan Aukerman  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

12/07/2023

Jerry Hendrick  
Area Manager

Date