



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 4, 2024

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

RE: License #: AL700289583
Investigation #: 2024A0583023
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 #:	2024A0583023
Complaint Receipt Date:	02/22/2024
Investigation Initiation Date:	02/22/2024
Report Due Date:	03/23/2024
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Rebecca Jiggins
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:	01/27/2024
Expiration Date:	01/26/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. ALLEGATION(S)

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

III. METHODOLOGY

02/22/2024	Special Investigation Intake 2024A0583023
02/22/2024	Special Investigation Initiated - Email Administrator Rebecca Jigens
02/26/2024	APS Referral
02/26/2024	Inspection Completed On-site
03/04/2024	Exit Conference Licensee Designee Connie Clauson

ALLEGATION: The facility is insufficiently staffed.

INVESTIGATION: On 02/22/2024 a complaint was received by the Bureau of Community Health Systems from an anonymous complaint source via the United States Postal Service. The complaint alleged that on 02/11/2024 the facility was “understaffed”.

On 02/22/2024 I emailed Administrator Rebecca Jiggins and requested the facility’s staffing schedule for the month of February 2024.

On 02/26/2024 I received an email from Administrator Rebecca Jiggins which contained the facility’s staffing schedule from 01/29/2024 until current. The staffing schedule indicated that the facility was staffed with a minimum of 2 direct care staff to 15 residents during waking hours and not less than 1 direct care staff member to 20 residents during normal sleeping hours. The staffing schedule indicated that on 02/11/2024 from 7:00 AM until 3:00 PM the facility was staffed by staff Jennifer Davidson and staff Tricia VanKoevering.

On 02/26/2024 I completed an unannounced onsite investigation at the facility and privately interviewed Associate Administrator Robin Rogers, staff Jennifer Davidson, staff Tricia VanKoevering, Resident A, and Resident B.

Associate Administrator Robin Rogers stated that on 02/11/2024 the facility was staffed with one staff member from 7:00 AM until 12:30 PM. Ms. Rogers stated that staff Jennifer Davidson worked from 7:00 AM until 12:30 PM and staff Tricia

VanKoevering worked from 12:30 PM until 3:00 PM. Ms. Rogers stated that on 02/11/2024 the facility provided care for nineteen residents, and none required the assistance of two staff for transfers or other needs. Ms. Rogers stated that the facility has continued to struggle with obtaining adequate staff.

Staff Jennifer Davidson stated that on 02/11/2024 she worked alone from 7:00 AM until 12:30 PM. Ms. Davidson stated that she immediately text messaged Administrator Rebecca Jiggins the morning of 02/11/2024 and informed Ms. Jiggins that the facility was staffed with only one staff member. Ms. Davidson stated that she did not hear back directly from Ms. Jiggins however a mass text message was sent to all staff members requesting that one staff member work as soon as possible because the facility was understaffed. Ms. Davidson stated that staff Trivia VanKoevering volunteered to work and started her shift at 12:30 PM. Ms. Davidson stated that she was able to complete all resident care adequately, but it was a “struggle”.

Staff Tricia VanKoevering stated that she was not scheduled to work on 02/11/2024 but volunteered to work from 12:30 PM until 3:00 PM. Ms. VanKoevering stated that when she arrived at the facility at 12:30 PM, the facility was staffed with only one staff member (Ms. Davidson). Ms. VanKoevering stated that when she arrived at the facility on 02/11/202, it appeared all resident care had been completed adequately by Ms. Davidson.

Resident A stated that staffing ratios “fluctuate” however Resident A has observed there to be at least two staff per shift during waking hours. Resident A stated that he receives “good care” and he is satisfied with the level of care being provided.

Resident B stated that he is unaware of the number of staff working each shift. Resident B stated that he is happy with the level of care being provided and he has no concerns to report.

On 02/26/2024 I emailed the complaint allegation to the Adult Protective Services Centralized Intake Unit.

On 02/27/2024 I received an email message from Administrator Rebecca Jiggins. The email stated that the facility provided care to “19” residents on 02/11/2024.

On 03/04/204 I completed an Exit Conference with Licensee Designee Connie Clauson and informed her of the Special Investigation findings. Ms. Clauson stated that she agreed with the finding 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>Associate Administrator Robin Rogers stated that on 02/11/2024 the facility was staffed with one staff member from 7:00 AM until 12:30 PM. Ms. Rogers stated that on 02/11/2024 the facility provided care for nineteen residents, and none required the assistance of two staff for transfers or other needs.</p> <p>Staff Jennifer Davidson stated that on 02/11/2024 she worked alone from 7:00 AM until 12:30 PM.</p> <p>Staff Tricia VanKoevering stated that she was not scheduled to work on 02/11/2024 but volunteered to work from 12:30 PM until 3:00 PM. Ms. VanKoevering stated that when she arrived at the facility at 12:30 PM, the facility was staffed with only one staff member.</p> <p>There is a preponderance of evidence to substance violation of R 400.15206 (1); on 02/11/2024 from 7:00 AM until 12:30 PM one staff member provided care to nineteen residents.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS: The facility staffing schedule lacks required information.

INVESTIGATION: On 02/26/2024 I received an email from Administrator Rebecca Jiggins which contained the facility's staffing schedule from 01/29/2024 until current. The staffing schedule indicated that on 02/11/2024 from 7:00 AM until 3:00 PM the facility was staffed by staff Jennifer Davidson and staff Tricia VanKoevering.

On 02/26/2024 I completed an unannounced onsite investigation at the facility and privately interviewed Associate Administrator Robin Rogers, staff Jennifer Davidson, and staff Tricia VanKoevering.

Associate Robin Rogers stated that on 02/11/2024 the facility was staffed with one staff member from 7:00 AM until 12:30 PM. Ms. Rogers stated that staff Jennifer Davidson worked from 7:00 AM until 12:30 PM and staff Tricia VanKoevering worked from 12:30 PM until 3:00 PM. Ms. Rogers confirmed that the staff schedule submitted on 02/26/2024 by licensee designee Rebecca Jiggins was incorrect and

had not been updated to reflect that Ms. VanKoevering worked from 12:30 PM until 3:00 PM.

Staff Jennifer Davidson stated that on 02/11/2024 she worked alone from 7:00 AM until 12:30 PM.

Staff Tricia VanKoevering stated that she was not scheduled to work on 02/11/2024 but volunteered to work from 12:30 PM until 3:00 PM.

On 03/04/2024 I completed an Exit Conference with Licensee Designee Connie Clauson and informed her of the Special Investigation findings. Ms. Clauson stated she was previously unaware of the finding but would submit an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	(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: (c) Hours or shifts worked.
ANALYSIS:	<p>On 02/26/2024 I received an email from Administrator Rebecca Jiggins which contained the facility's staffing schedule from 01/29/2024 until current. The staffing schedule indicated that on 02/11/2024 from 7:00 AM until 3:00 PM the facility was staffed by staff Jennifer Davidson and staff Tricia VanKoevering.</p> <p>Staff Jennifer Davidson stated that on 02/11/2024 she worked alone from 7:00 AM until 12:30 PM.</p> <p>Staff Tricia VanKoevering stated that she was not scheduled to work on 02/11/2024 but volunteered to work from 12:30 PM until 3:00 PM.</p> <p>There is a preponderance of evidence to substantiate a violation of R 400.15208 (3) (c); the facility's staffing schedule does not contain the accurate hours worked by staff Tricia VanKoevering on 02/11/2024.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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




03/04/2024

Toya Zylstra
Licensing Consultant

Date

Approved By:



03/04/2024

Jerry Hendrick
Area Manager

Date