



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

January 24, 2023

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

RE: License #: AL460398055
Investigation #: 2023A1032016
Tecumseh Place II

Dear Mrs. Clauson:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If 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 black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616)-240-3850

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL460398055
Investigation #:	2023A1032016
Complaint Receipt Date:	12/05/2022
Investigation Initiation Date:	12/06/2022
Report Due Date:	02/03/2023
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203, 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Keely Sanders
Licensee Designee:	Connie Clauson
Name of Facility:	Tecumseh Place II
Facility Address:	1309 Southwestern Drive, Tecumseh, MI 49286
Facility Telephone #:	(517) 424-6043
Original Issuance Date:	09/13/2019
License Status:	REGULAR
Effective Date:	03/13/2022
Expiration Date:	03/12/2024
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The home is understaffed.	No
There are several medication errors.	No
The residents are not properly toileted.	No
The rooms are moldy and dirty.	No
Additional Findings	No

III. METHODOLOGY

12/05/2022	Special Investigation Intake 2023A1032016
12/06/2022	Special Investigation Initiated - On Site
12/07/2022	Contact - Telephone call made Interview with Home Manager Athena Meza
01/24/2023	Exit Conference

ALLEGATION:

The home is understaffed.

INVESTIGATION:

On 12/6/22, I interviewed Employee #1 at the home. Employee #1 denied that the home is ever understaffed and explained that there is a floater between the buildings. She advised that there are times when someone requiring two person lift assistance needs help, and so the floater is notified. Employee #1 advised that she would personally be more comfortable with a third employee on shift, as there are issues with residents who may try to escape. I observed a copy of the home's schedule, and it appeared to be in compliance with administrative rules.

On 12/7/22, I interviewed Home Manager Athena Meza via telephone. Ms. Meza denied that there were any staffing issues.

On 12/12/22, Ms. Meza provided a copy of the facility schedule, which reflects that there are two employees in the building

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(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.
ANALYSIS:	The staffing schedule provided shows two employees in the building.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are several medication errors.

INVESTIGATION:

Employee #1 denied that there have been several medication errors, specifically with narcotic counts. Employee #1 advised that there are mechanisms in place to deal with theft of resident medications, and that the police would be notified if narcotics were missing. She advised that there have been past instances where employees miscounted the medications, but that the counts were reconciled after a recount was conducted.

On 2/17/23, I reviewed the medication administration record (MAR) for Resident A. The document reflected that Resident A is prescribed a narcotic, Xanax. There did not appear to be any discrepancies between the document and the pill count.

I interviewed Resident A in the home. Resident A reported that she was on her way to a game of bingo. Resident A was observed in a motorized wheelchair. Resident A was asked whether she had any concerns about the way in which her medications are managed, or her care in general. Resident A denied having any concerns at this time.

I attempted to interview Resident B. Resident B was eating soft food in her room while visiting with Relative A. Relative A explained that Resident B had recently suffered a stroke and was unable to communicate. Relative A expressed satisfaction with the care received. Resident B was unable to provide any information but made an attempt to speak.

I reviewed Resident B's MAR. The document reflected that Resident B was prescribed Oxycodone. I counted 49 pills, which correlated with the inventory on the MAR.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Employee # 1 and the home manager denied that there were several medication errors. Employee #1 was able to describe a process for dealing with medication errors specific to narcotics counts. Employee #1 further explained that while miscounts have occurred, they were reconciled. I counted a resident's medication and found it documented correctly on the MAR. Resident A and Relative A were interviewed and expressed satisfaction with the care provided.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not properly toileted.

INVESTIGATION:

Employee #1 denied that residents were not being properly toileted. She provided a tour of the home and introduced me to some of the residents who were in the living room. The residents appeared clean and well dressed.

APPLICABLE RULE	
R 400.15314	Resident hygiene.
	(6) A licensee shall afford a resident the opportunity to receive assistance in bathing, dressing, or personal hygiene from a member of the same sex, unless otherwise stated in the home's admission policy or written resident care agreement.
ANALYSIS:	While conducting an unscheduled onsite inspection, there was evidence that the residents are being attended to and properly toileted. The residents appeared clean and well dressed.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

The rooms are moldy and dirty.

INVESTIGATION:

During the onsite inspection, Employee #1 provided a tour of the home. I was able to inspect both occupied and unoccupied rooms. The rooms were observed to be clean. I did not observe any holes in the walls of the unoccupied rooms, and the presence of mold was not detected. No foul odors were detected.

On 2/22/23, Keely Sanders stated that housekeeping services are provided once weekly, and as needed.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
ANALYSIS:	The rooms were clean upon inspection. There is a cleaning schedule in place, and if needed, housekeeping services are extended.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend no change to the status of this license.

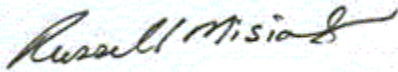


2/27/23

Dwight Forde
Licensing Consultant

Date

Approved By:



3/6/23

Russell B. Misiak
Area Manager

Date