



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 15, 2022

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

RE: License #: AL460398058
Investigation #: 2022A1032007
Blissfield Place

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

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

I. IDENTIFYING INFORMATION

License #:	AL460398058
Investigation #:	2022A1032007
Complaint Receipt Date:	05/20/2022
Investigation Initiation Date:	05/23/2022
Report Due Date:	06/19/2022
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	3196 Kraft Avenue SE, Suite 203 Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Amy Hoffman
Licensee Designee:	Connie Clauson
Name of Facility:	Blissfield Place
Facility Address:	301 N. Quick Street Blissfield, MI 49228
Facility Telephone #:	(517) 682-1504
Original Issuance Date:	08/01/2019
License Status:	REGULAR
Effective Date:	02/01/2022
Expiration Date:	01/31/2024
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The home was not adequately staffed.	No
Medications are improperly recorded and administered.	No
Residents are not properly toileted.	No
Additional Findings	No

III. METHODOLOGY

05/20/2022	Special Investigation Intake 2022A1032007
05/23/2022	Special Investigation Initiated - Face to Face with Home Manager Maureen Smith
05/23/2022	Inspection Completed On-site
05/26/2022	Contact - Face to Face with Administrator Amy Huffman
05/26/2022	Contact - Document Received
06/03/2022	Contact - Telephone call made Left VM for NP
06/13/2022	Contact - Face to Face with Administrator Amy Huffman
06/21/2022	Contact - Telephone call received for Careline Hospice Nurse Practitioner Jennifer Paulsen
07/28/2022	Exit Conference attempted with licensee designee, Connie Clauson.

ALLEGATION:

The home was not adequately staffed.

INVESTIGATION:

On 5/23/22, I interviewed home manager Maureen Smith at the home. She reported that there are four employees on first shift, three employees on second shift and two on third shift. She acknowledged that the job market was difficult and that attempts to hire more staff were a mixed bag. She stated that some employees were unhappy about the fact that they were short staffed but that the agency had been making efforts to hire more people. She stated that she has worked extra shifts and that the administrator Amy Huffman would also sometimes work if there were staff shortages. She mentioned that sometimes Hospice aids also come in. There were four employees observed working the day of my inspection.

On 5/23/22, I interviewed Resident A during lunch at the home. She indicated that she receives good care at the home and expressed no complaints.

The lunch time routine was observed, and residents indicated things were going well for them.

On 5/26/22, I interviewed administrator Amy Hoffman at the home. Ms. Hoffman denied that the home was improperly staffed. She reported that they will ensure that shifts are covered when staff call in. She acknowledged that hiring has been difficult. She provided copies of a recent schedule which detailed the home's staffing pattern. She mentioned that she sometimes works as a direct care staff if there are call ins.

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:	Documentation was provided that the shifts are properly covered, in accordance with licensing rules.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications are improperly recorded and administered.

INVESTIGATION:

On 5/23/22 Ms. Smith stated that there was an instance where a resident's medication was reduced and that the prescribing doctor allowed them to cut the medication in half until such time as a new supply was received from the pharmacy. She reported that there was an instance in which dosages were mixed up and that when the error was noted the medication was destroyed.

Ms. Hoffman stated that controlled medication counts are reconciled with the Kalamazoo Long Term Pharmacy. She addressed the issue of a resident's medications being cut in half and stated that the hospice nurse practitioner (NP) issued instructions for them to do so. She acknowledged that there was an issue where a resident's medication is improperly mixed with different does. She stated that at the time the resident was a fairly new admission and had brought medication from home. Once the error was caught, she stated that the storage issue was addressed, and a medication disposal form generated.

On 6/21/22 I interviewed Careline Hospice Nurse Practitioner Jennifer Paulsen. She stated that cutting a medication in half is sometimes practiced. She explained that there was a patient whose family wanted her medication reduced and instructions were issued to cut the medication in half until a new supply of pills was received. Ms. Paulsen stated that this was preferable to stopping the medication until new supply arrived. She advised that she does not have concerns with the way in which the home administers medications.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	There is insufficient evidence to suggest that medications are improperly administered, and problems with medication administration are properly documented.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Residents are not properly toileted.

INVESTIGATION:

On 5/23/22, Ms. Smith stated that the staff issues do not impact the start of the residents' schedule. She stated that there was one resident with behavioral issues who staff allowed to sleep in longer, per the resident's request. She reported that sometimes hospice residents are allowed to sleep in due to their condition. She described having a two-hour window to get residents started on their routine. She denied that residents' hygiene is neglected.

During the onsite visit, the residents were observed to be clean and well dressed.

Ms. Hoffman advised that residents are routinely checked every two hours to see if they need to be toileted. She stated that if there is evidence that a resident has soiled him/herself, the staff change the resident's clothing or encourage the resident to change.

On 7/28/22, I attempted to share the findings of this report via telephone with licensee designee Connie Clauson. Ms. Clauson did not respond to my request for a return phone call.

APPLICABLE RULE	
R 400.15314	Resident hygiene
	(1) A licensee shall afford a resident the opportunity, and instructions when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.

ANALYSIS:	Residents were observed to be clean and well-dressed during an onsite visit to the home. The home appeared to be well maintained. Interviews with the administrator and the home manager revealed that there is a schedule in place to check residents for toileting needs.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend no change to the status of this license.

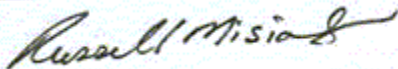


6/22/22

Dwight Forde
Licensing Consultant

Date

Approved By:



8/15/22

Russell B. Misiak
Area Manager

Date