GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 2, 2024

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

RE: License #:	AL730301043
Investigation #:	2024A0872042
	Stone Crest Senior Living-Wing B

Dear Connie 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 feel free to 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 (517) 643-7960.

Sincerely,

Susan Hutchinson, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(989) 293-5222

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL730301043
Investigation #:	2024A0872042
Complaint Receipt Date:	06/10/2024
Investigation Initiation Date:	06/11/2024
Report Due Date:	08/09/2024
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Ave., SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Kendra Hall
Licensee Designee:	Connie Clauson
Name of Facility:	Stone Crest Senior Living-Wing B
Facility Address:	255 N. Main Freeland, MI 48623
Facility Telephone #:	(989) 695-5035
Original Issuance Date:	07/29/2009
License Status:	REGULAR
Effective Date:	01/28/2024
Expiration Date:	01/27/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED

	MENTALLY ILL AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The residents are being left unattended. They are left in soiled briefs.	No
Staff are leaving medications in resident rooms without being passed.	Yes

III. METHODOLOGY

06/11/2024	Special Investigation Intake 2024A0872042
06/11/2024	Special Investigation Initiated - Letter
06/25/2024	Inspection Completed On-site Unannounced
07/08/2024	APS Referral I made an APS referral via email
07/08/2024	Contact - Document Sent I emailed the LD requesting information about this complaint
07/10/2024	Contact - Document Received I received documentation from AD Hall
07/29/2024	Contact - Document Received I received additional documentation from AD Hall
07/31/2024	Contact - Telephone call made I interviewed staff Crystal Barnes
07/31/2024	Contact - Telephone call made I interviewed staff Katie Rusch
08/01/2024	Contact - Telephone call made I interviewed staff Theresa Heath

08/01/2024	Exit Conference I conducted an exit conference with the licensee designee, Connie Clauson
08/01/2024	Inspection Completed-BCAL Sub. Compliance

ALLEGATION: The residents are being left unattended. They are left in soiled briefs.

INVESTIGATION: On 06/25/24, I conducted an unannounced onsite inspection of Stone Crest Senior Living Wing B. I interviewed the administrator (AD), Kendra Hall, the resident care manager (RCM), Kayln Green, Resident A and Resident B. I also inspected several resident bedrooms and observed several other residents who were resting in their rooms or getting ready for lunch.

I reviewed the allegations with AD Hall and RCM Green. AD Hall said that staff checks on the residents every two hours or more often if necessary. All residents who wear briefs are changed every two hours or more often if they notify staff that they are wet or soiled. AD Hall said that she has not received any complaints from residents or their families that the residents are not being changed or cared for.

RCM Green confirmed that staff checks on the residents every two hours or more often if necessary. She said that there are always two staff working and RCM Green also works with the residents when assistance is needed. According to RCM Green, she has not found any of the residents excessively soiled and/or not cared for properly.

I met with Residents A, B, and C in the dining room, while preparing for lunch. All residents were clean, dressed appropriately, and were being supervised by staff. Resident C interacted with me during this interview, but she did not answer any direct questions.

Resident A said that she has lived at this facility for over four years and Resident B said that she has lived at this facility for approximately one year. Both residents said that staff checks on them often and they are always available when needed. I visually inspected several resident bedrooms. All bedrooms were clean, with no malodorous odors and the residents I observed were clean, dressed appropriately, and were supervised by staff.

During my onsite inspection, I inspected five resident bedrooms and attached bathrooms. All the bedrooms and bathrooms were clean, with no malodorous odor. I also observed four residents who were clean and dressed appropriately.

AD Hall emailed me a list of daily staff responsibilities for the residents of this facility. Staff responsibilities vary based on the amount of personal care each resident requires.

The staff responsibilities are very specific, and the responsibilities increase based on resident needs.

On 07/31/24, I interviewed staff Crystal Barnes via telephone. Staff Barnes said that she worked at this facility since November 2023, but she resigned last week. Staff Barnes said that she typically worked day shift. Staff Barnes said that while employed at this facility, there were some occasions when the residents were not changed timely but overall, staff did check and change the residents.

On 07/31/24, I interviewed staff Katie Rusch via telephone. Staff Rusch said that she has worked at this facility since February 2024, and she typically works day shift. Staff Rusch told me that some of the residents are “heavy wetters” and when she goes to change them, they are very wet. However, she said that she does not feel that staff leaves the residents in soiled briefs on purpose for any length of time.

On 08/01/24, I interviewed staff Theresa Heath via telephone. Staff Heath said that she has worked at this facility for eight months and she typically works from 7am-7pm. According to Staff Heath, when she used to work the day shift, she would come to work and find some of the residents in soiled briefs. Staff Health said that 3rd shift staff was not checking and changing the residents like they were supposed to.

APPLICABLE RULE	
R 400.15303	**Resident care; licensee responsibilities.**
ANALYSIS:	**(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.**
	The administrator, Kendra Hall, resident care manager, Kayln Green, staff Crystal Barnes, and staff Katie Rusch said that the residents are checked on and changed every two hours or more often if necessary. Residents A and B said that staff checks on them often and they are never left in a soiled brief. On 06/25/24, I inspected five resident bedrooms and attached bathrooms and observed four residents. All bedrooms and bathrooms were clean, with no malodorous odor. The residents I observed were all clean and dressed appropriately. Staff Theresa Heath said that when she used to work the day shift, she would come to work and find some of the residents in soiled briefs. She said that 3rd shift staff was not checking and changing the residents like they were supposed to.

	I conclude that there is insufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION NOT ESTABLISHED**

ALLEGATION: Staff are leaving medications in resident rooms without being passed.

INVESTIGATION: On 06/25/24, I conducted an unannounced onsite inspection of Stone Crest Senior Living Wing B. I interviewed the administrator (AD), Kendra Hall, the resident care manager (RCM), Kayln Green, and Residents A and B. AD Hall said that a couple of months ago, she heard from some of the other staff that some of the new staff were not making sure the residents were taking their medications before leaving their room. AD Hall said that when she learned of this, she held a medication refresher staff meeting in May with all staff and to her knowledge, nothing like this has happened since that time.

RCM Green confirmed that in the past, staff complained that some of the staff had left medication cups in the resident bedrooms without making sure the residents took them. She said that when she and AD Hall found out about it, they had a medication refresher training for all staff. RCM Green said that they have monthly staff meetings and address issues like this during the meetings.

Residents A and B said that staff never leaves medications in their rooms and said that to their knowledge, they have never received the incorrect medications. During my visual inspection of approximately five resident bedrooms, I did not observe any medications or medication cups in any of the rooms. I also did not observe any medications in any other areas of the facility.

On 07/29/24, I reviewed the medication administration records from May and June 2024 for Residents A, B, and C. I did not see any discrepancies in the medication administration records versus the physician orders and did not observe any documentation that any medications were administered inappropriately.

On 07/31/24, I interviewed staff Crystal Barnes via telephone. Staff Barnes said recently, several new staff were hired, and they were leaving medications in the resident bedrooms. She said that staff claimed that they did not know they were supposed to watch the residents take the medications so they would leave the medications in cups, on the resident tables. Staff Barnes said that on one occasion, she found medications in one of the resident bedrooms. When she confronted the med passer, she said “I forgot” to explain why she did not pass the medications. This was brought to the attention of management and all staff had to take a medication refresher course. Staff Barnes said that to her knowledge, staff are no longer leaving medications in the resident bedrooms.

On 07/31/24, I interviewed staff Katie Rusch via telephone. Staff Rusch confirmed that on several occasions in the past, some of the staff were leaving medication cups with

medications in them in resident rooms. Staff Rusch said that other staff would find the full med cups in the resident bedrooms. Staff Rusch told me that this was brought to the attention of management and all staff had to take a medication refresher course. Staff Rusch said that since that time, she does not believe that medications are being left in resident bedrooms.

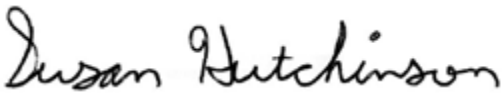
On 08/01/24, I interviewed staff Theresa Heath via telephone. Staff Heath said that there have been numerous occasions when she found medications in the resident bedrooms, on their floor, or in the hallway of the facility. Staff Heath said that she brought the issue to management's attention and management did not do anything about it. Staff Health confirmed that all staff had a staff refresher course but said that the issue is continuing.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.
ANALYSIS:	The administrator, Kendra Hall, said that she was told that some of the new staff were leaving medication cups in the resident rooms without being passed. The resident care manager, Kayln Hall, said that she was told that some staff were leaving medications in resident rooms without being passed. Resident A and B said that staff always passes them their medications and they have never left medications in their rooms without being passed. Staff Crystal Barnes, staff Katie Rusch, and staff Theresa Heath said that on several occasions, they found medications in resident bedrooms because staff was not passing them like they were supposed to. I conclude that there is sufficient evidence to substantiate this rule violation.
CONCLUSION:	**VIOLATION ESTABLISHED**

On 08/01/24, I conducted an exit conference with the licensee designee, Connie Clauson. I described the results of my investigation and explained which rule violation I am substantiating. I told her that once my report is approved, I will send her a copy requesting a corrective action plan.

IV. RECOMMENDATION

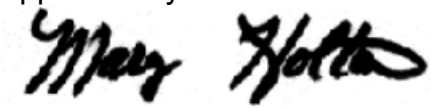
Upon the receipt of an acceptable corrective action plan, I recommend no change in the license status.



August 2, 2024

Susan Hutchinson Licensing Consultant	Date

Approved By:



August 2, 2024

Mary E. Holton Area Manager	Date