GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 9, 2025

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

RE: License #: AL410289605
Investigation #: 2025A0464011
Yorkshire Manor - West

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,

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

License #:	AL410289605
Investigation #:	2025A0464011
Complaint Receipt Date:	11/12/2024
Investigation Initiation Date:	11/12/2024
Report Due Date:	01/11/2025
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Connie Clauson
Licensee Designee:	Connie Clauson
Name of Facility:	Yorkshire Manor - West
Facility Address:	3511 Leonard St. NW Walker, MI 49534
Facility Telephone #:	(616) 791-9090
Original Issuance Date:	10/31/2012
License Status:	REGULAR
Effective Date:	04/23/2024
Expiration Date:	04/22/2026
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED/ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed to meet residents' needs.	No
Residents are not being properly cared for. They are left in soiled briefs and are not being showered or groomed.	No
Residents are not being administered prescribed medications.	Yes

III. METHODOLOGY

11/07/2024	Special Investigation Intake 2025A0464005
11/07/2024	Special Investigation Initiated - Telephone RS
11/12/2024	APS Referral
11/12/2024	Contact-Telephone call made Kevin Souser, Kent County APS
11/15/2024	Inspection Completed On-site Kevin Souser (APS), Jayde Graves (Staff), Aleisha Rivera (Staff), Nikkita Brown (Facility Administrator) Resident A
11/20/2024	Contact-Document received Facility Records
01/02/2025	Contact-Document sent Kevin Souser, Kent County APS
01/06/2025	Exit Conference Connie Clauson, Licensee Designee

ALLEGATION: The facility is insufficiently staffed to meet residents' needs.

INVESTIGATION: On 11/07/2024, I received a complaint alleging the facility has insufficient staff to meet residents' level of care needs. It was reported residents are not being toileted, left in soiled briefs and are not being showered. It was also reported residents are not being administered prescribed medications. It is important to note concurrent investigations, with similar allegations, exist under SIR #2025A0464005 (Stonebridge Manor-North) and SIR #2025A0464006 (Stonebridge Manor-South).

On 11/07/2024, I spoke to the referral source (RS), who wished to remain anonymous. The RS stated she personally witnessed the facility not having sufficient staffing and as a result, residents were not being properly cared for. They

were left in soiled briefs and did not receive showers. The RS stated there have been several incidents when residents have not been administered their prescribed medications. The RS expressed concerns regarding resident care and safety.

On 11/12/2024, I contacted the Department of Health and Human Services (DHHS), Centralized Intake to complete and Adult Protective Services (APS) referral.

On 11/12/2024, I spoke to Kent County APS worker, Kevin Souser to coordinate the investigation.

On 11/15/2024, Mr. Souser and I completed an unannounced, onsite inspection at the facility. We interviewed staff, Jayde Graves. Ms. Graves reported she has only worked at the facility for thirty days but has worked in each building. Ms. Graves stated she has noticed the facility does not have enough staff during the day to meet the resident's needs. She reported each of the residents require at least one-staff assist and two residents require assistance being fed for each meal. Ms. Graves stated there are times when there is only one or two staff working and that is not enough to properly care for each resident.

Mr. Souser and I interviewed Resident A, privately. Resident A stated she feels the facility has sufficient staff, but they have a very high staff turnover rate. Resident A stated there was only one staff person that she does not get along with; otherwise, she likes the staff, and they assist when needed. Resident A reported the staff person she does not like, no longer assists her with care needs.

Mr. Souser and I then interviewed staff, Aleisha Rivera. Ms. Rivera does not feel the facility is sufficiently staffed to meet resident care needs. Ms. Rivera state that the residents in the facility are able to complete most activities of daily living independently, where residents in the other buildings are more dependent.

Mr. Souser and I then interviewed facility administrator, Nikkita Brown. Ms. Brown reported six residents currently reside in the facility. Ms. Brown stated the facility does have sufficient staff to meet resident care needs. Ms. Brown denied having any knowledge of any complaints from residents that staff are not assisting when needed.

On 11/20/2024, I received and reviewed facility records. Specifically, resident Assessment Plans. Under the Activities of Daily Living and Mobility sections of the assessment plans, it reflects that Residents A, C, E and F complete most ADLS independently and require little staff prompting. Residents B and D require a one-staff assist for ADLs.

On 11/20/2024, I received and reviewed facility staff schedules. Schedules were reviewed for the months of September 2024, October 2024 and November 2024. The schedule reflected staff shifts are from 7:00 am to 3:00 pm, 3:00 pm to 11:00pm, and 11:00pm to 7:00am. The schedules for each month reflected the

facility had one staff from 7:00 am to 3:00 pm and 3:00pm to 11:00pm. There is at least one staff scheduled each night from 11:00pm to 7:00am.

On 01/02/2025, I emailed Mr. Souser an update on the investigation.

On 01/06/2025, I completed an exit conference with licensee designee, Connie Clauson. She was informed of the investigation findings and recommendations.

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:	On 11/07/2024, a complaint was received alleging the facility does not have sufficient staffing to meet residents' care needs. Staff Jayden Graves and Aleisha Rivera both reported the facility does not have sufficient staff to meet resident needs. Resident A was interviewed and reported the facility has sufficient staff, but a high turn-over rate. Resident Assessment Plans reflected four of the six residents are able to complete activities of daily living independently. Staff schedules for September 2024, October 2024 and November 2024 reflected there are sufficient staff to meet resident care needs. Based on the investigative findings, there is insufficient evidence to support a rule violation that the facility does not have sufficient staffing.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not being properly cared for. They are left in soiled briefs and are not being showered or groomed.

INVESTIGATION: On 11/15/2024, Mr. Souser and I completed an unannounced, onsite inspection at the facility. We interviewed Ms. Graves and Ms. Rivera individually. Both staff reported residents are left to wait longer to receive care,

including when they are in soiled briefs. As a result, they are not given showers in a timely manner.

Mr. Souser and I interviewed Resident A, privately. Resident A stated she feels the facility has sufficient staff, but they have a very high staff turnover rate. Resident A stated there is only one staff person that she does not get along with; otherwise, she likes the staff, and they assist when needed. Resident A reported the staff person she does not like, no longer assists her with care needs.

Mr. Souser and I then interviewed Ms. Brown. Ms. Brown denied residents are not being properly cared for. Ms. Brown stated some of the residents can complete activities of daily living independently or with minimal prompts. Only two of the residents require a one-staff assist with ADL's.

On 11/20/2024, I received and reviewed facility records, specifically, resident Assessment Plans. Under the Activities of Daily Living and Mobility sections of the assessment plans, it reflects that Residents A, C, E and F complete most ADLS independently and require little staff prompting. Residents B and D require a one-staff assist for ADLs.

On 01/06/2025, I completed an exit conference with licensee designee, Connie Clauson. She was informed of the investigation findings and recommendations.

APPLICABLE RULE	
R 400.15305	**Resident protection.**
	(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.
ANALYSIS:	On 11/07/2024, a complaint was received alleging residents are not being properly taken care of. They are not being toileted and are left in soiled briefs and not being showered. Staff Aleisha Rivera and Jayde Graves reported residents are not being properly cared for, often times left waiting for long periods of time. Facility administrator, Nikkita Brown denied residents are not being properly cared for. Resident A was interviewed and reported the facility has sufficient staff. Based on the investigative findings, there is insufficient evidence to support a rule violation that residents' needs are not being adequately addressed.

CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Residents are not being administered prescribed medications.

INVESTIGATION: On 11/15/2024, Mr. Souser and I completed an unannounced, onsite inspection at the facility. We interviewed staff, Ms. Graves and Ms. Rivera. Both staff stated they are trained to administer resident medications. Ms. Graves and Ms. Rivera stated there have been several incidents when other staff did not administer resident medications during the scheduled shift. They have witnessed this personally and residents have reported not receiving prescribed medications.

Mr. Souser and I then interviewed Ms. Brown. Ms. Brown stated all of the staff who administer resident medication complete required training, courses and refresher courses. Ms. Brown stated she also checks each resident medication in the electronic medication administration record (MAR). Ms. Brown stated she was not aware of any incidents when a resident did not get their prescribed medications.

Mr. Souser and I interviewed Resident A privately. Resident A stated there have been several incidents when she was not administered her prescribed medications. Resident A stated she knows exactly what she takes and there have been times where she did not receive her medication to treat her heart disease. Resident A stated recently, staff have gotten much better at administering her medication in a timely manner.

On 11/20/2024, I received and reviewed resident MARs. Resident A's MAR reflected she is prescribed Fluoxetine 20mg, Gabapentin, Omeprazole 20mg, and Meloxicam 15. The MAR reflected that on 10/11/2024, Resident A was not administered any of the medications. The MAR for Resident D reflected he is prescribed Lamotrigine 25mg, Lisinopril 40mg and Lorazepam .5mg. The MAR reflects Resident A did not receive his medications on 10/26/2024.

On 01/06/2025, I completed an exit conference with licensee designee, Connie Clauson. She was informed of the investigation findings and recommendations. A corrective action plan will be submitted.

APPLICABLE RULE	
R 400.15312	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	On 11/07/2024, a complaint was received alleging staff are not administering resident medications.

	Staff Jayde Graves and Aleisha Rivera both reported they have witnessed incidents when residents have not received their prescribed medications. The Medication Administration Records (MAR) reflected incidents where two residents were not administered their prescribed medications. Based on the investigative findings, there is sufficient evidence to support a rule violation that residents were not administered prescribed medications.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

01/09/2025

Megan Aukerman Date
Licensing Consultant

Approved By:

01/09/2025

Jerry Hendrick Date
Area Manager