



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

coFebruary 21, 2025

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

RE: License #: AL700289594
Investigation #: 2025A0583023
Cambridge Manor - South

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 #:	AL700289594
Investigation #:	2025A0583023
Complaint Receipt Date:	02/11/2025
Investigation Initiation Date:	02/13/2025
Report Due Date:	03/13/2025
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:	Cambridge Manor - South
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:	05/22/2023
Expiration Date:	05/21/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is not sufficiently staffed.	Yes
Additional Findings	Yes

III. METHODOLOGY

02/11/2025	Special Investigation Intake 2025A0583023
02/13/2025	Special Investigation Initiated - On Site
02/13/2025	APS Referral
02/21/2025	Exit Conference Licensee Designee Connie Clauson

ALLEGATION: The facility is not sufficiently staffed.

INVESTIGATION: On 02/11/2025 the above complaint allegation was received via the LARA-BCHS- Complaints system. The allegation was assigned for investigation on 02/12/2025. The complaint alleged that the weekend of 2/8 and 2/9 the facility “ran with only one staff person on third shift and there are several two person lifts”. The complaint alleged that staff “Tracy Wood was called by staff but didn’t pick up the phone or return the calls”.

On 02/13/2025 I completed an unannounced onsite investigation at the facility and privately interviewed staff Tracy Wood and staff Shanda Duncan. Ms. Wood stated that she did not receive any phone calls or messages from staff over the weekend of 02/08 and 02/09/2025 indicating that the facility was understaffed. Ms. Wood stated that the facility currently provides care to thirteen residents and two of the residents require the assistance of two staff for lifts and transfers. Ms. Wood stated that to her knowledge, the facility was staffed with two staff members from 11:00 PM until 7:00 AM on 02/08 and 02/09/2025.

Ms. Duncan also stated that she did not receive any phone calls or messages from staff over the weekend of 02/08 and 02/09/2025 indicating that the facility was understaffed.

While onsite I was provided with the most recent and updated staff schedule which indicated that on 02/08 11:00 PM until 02/09/2025 7:00 AM staff Ta’Kiyah Alexander and staff Garrett Adams worked and that on 02/09/2025 11:00 PM until 02/10/2025 7:00 AM staff Zaliyah Haddix and staff Ny’Karia Peoples worked.

On 02/13/2025 I emailed complaint allegations to Adult Protective Services Centralized Intake.

On 02/13/2025 I interviewed staff Garrett Adams via telephone. Mr. Adams stated that he worked by himself at the facility from 02/08 at 11:00 PM until 02/09/2025 at 7:00 AM. Mr. Adams confirmed that the facility provides care to multiple residents who require the assistance of two staff for safe transfers.

On 02/13/2025 I interviewed staff Ania Terry via telephone. Ms. Terry stated that staff Garrett Adams worked by himself from 02/08 at 11:00 PM until 02/09/2025 at 7:00 AM.

On 02/13/2025 I interviewed staff Ta’Kiyah Alexander via telephone. Ms. Alexander stated that the staff schedule was incorrect and not updated because she worked at a different facility on 02/08 from 11:00 PM until 02/09/2025 7:00 AM.

On 02/13/2025 I interviewed staff Tracy Wood via telephone. Ms. Wood stated that the staff schedule was incorrect and not updated. Ms. Wood stated that she did not know who worked at the facility third shift on 02/08 and 02/09/2025 because the schedule was not updated. Ms. Wood did not dispute that staff Ta’Kiyah Alexander had worked at a different facility on 02/08 from 11:00 PM until 02/09/2025 7:00 AM.

On 02/13/2025 I interviewed staff Zaliyah Haddix via telephone. Ms. Haddix stated that she has been working a lot and “thinks” that she worked on 02/09 11:00 PM until 02/10/2025 7:00 AM. Ms. Haddix stated that she has never worked by herself at the facility.

On 02/13/2025 I interviewed staff Ny’Karia Peoples. Ms. Peoples stated that she worked at the facility with staff Zaliyah Haddix on 02/09 11:00 PM until 02/10/2025 7:00 AM.

On 02/14/2025 I received an email from staff Tracy Wood. The email contained Resident A’s Assessment Plan, signed 03/26/2024. The document stated that Resident A requires “two person assistance for transfer”.

On 02/14/2025 I received an email from staff Tracy Wood. The email contained Resident B’s Assessment Plan, signed 07/16/2024. The document stated that Resident B requires “two person assistance for transfer”. The email contained Resident C’s Assessment Plan, signed 02/27/2024. The document stated that Resident C requires “two person assistance for transfer”. The email contained Resident D’s Assessment Plan, signed 02/28/2024. The document stated that Resident D requires “two person assistance for transfer”.

On 02/21/2025 I completed an exit conference with licensee designee Connie Clauson via telephone. Ms. Clauson stated that she did not dispute the findings of the special investigation and would submit an acceptance 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>Staff Garrett Adams stated that he worked by himself at the facility on 02/08 at 11:00 PM until 02/09/2025 at 7:00 AM.</p> <p>Resident A, Resident B, Resident C, and Resident D's Assessment Plans each state that they require assistance from two staff for transfers.</p> <p>There is a preponderance of evidence to substantiate a violation of R 400.15206 (1). On 02/08/2025 from 11:00 PM until 02/09 7:00 AM staff Garrette Adams worked alone despite the facility providing care to residents requiring two staff for safe transfers.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility's staffing schedule is incorrect.

INVESTIGATION: On 02/13/2025 I observed that the facility's staff schedule states that staff Ta'Kiyah Alexander worked at the facility on 02/08/2025 11:00 PM until 02/09/2025 7:00 AM.

On 02/13/2025 I interviewed staff Ta'Kiyah Alexander via telephone. Ms. Alexander stated that the staff schedule was incorrect and not updated because she worked at a different facility on 02/08 from 11:00 PM until 02/09/2025 7:00 AM.

On 02/13/2025 I interviewed staff Garrett Adams via telephone. Mr. Adams stated that the staff schedule is incorrect and not updated because he worked by himself at the facility on 02/08 at 11:00 PM until 02/09/2025 at 7:00 AM.

On 02/13/2025 I interviewed staff Tracy Wood via telephone. Ms. Wood acknowledged that the staff schedule she provided during the 02/13/2025 onsite was inaccurate and incomplete.

On 02/21/2025 I completed an exit conference with licensee designee Connie Clauson via telephone. Ms. Clauson stated that she did not dispute the findings of

the special investigation and would submit an acceptance corrective action plan.

APPLICABLE RULE	
R 400.15208	Direct care staff and employee records.
	<p>(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:</p> <ul style="list-style-type: none"> (a) Names of all staff on duty and those volunteers who are under the direction of the licensee. (b) Job titles. (c) Hours or shifts worked. (d) Date of schedule. (e) Any scheduling changes.
TANALYSIS:	<p>On 02/13/2025 I observed that the facility’s staff schedule states that staff Ta’Kiyah Alexander worked at the facility on 02/08 11:00 PM until 02/09/2025 7:00 AM.</p> <p>Staff Ta’Kiyah Alexander stated that the staff schedule is incorrect and not updated because she worked at a different facility on 02/08 from 11:00 PM until 02/09/2025 7:00 AM.</p> <p>Staff Garrett Adams stated that the staff schedule is incorrect and not updated because he worked by himself at the facility on 02/08 at 11:00 PM until 02/09/2025 at 7:00 AM.</p> <p>Staff Tracy Wood acknowledged that the staff schedule she provided during the 02/13/2025 onsite was inaccurate and incomplete.</p> <p>There is a preponderance of evidence to substantiate a violation of R 400.15208 (3); the facility’s staff schedule does not accurately document the names of all staff on duty (a), hours worked (c), and scheduling changes (e). The facility’s staffing schedule does not contain the accurate hours worked by staff Ta’Kiyah Alexander.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable Corrective Action Plan, I recommend no change to the license.

Toya Zylstra

02/21/2025

Toya Zylstra
Licensing Consultant

Date

Approved By:

Jerry Hendrick

02/21/2025

Jerry Hendrick
Area Manager

Date