



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 15, 2025

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

RE: License #: AL700289601
Georgetown Manor - West
141 Port Sheldon Road
Grandville, MI 49418

Dear Mrs. Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may 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

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL700289601
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Licensee/Licensee Designee:	Connie Clauson, Designee
Administrator:	Tracy Wood
Name of Facility:	Georgetown Manor - West
Facility Address:	141 Port Sheldon Road Grandville, MI 49418
Facility Telephone #:	(616) 457-3050
Original Issuance Date:	02/21/2013
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2025

Date of Bureau of Fire Services Inspection if applicable: 01/06/2025

Date of Health Authority Inspection if applicable: 04/08/2025

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 10
No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: N/A ☒
- Number of excluded employees followed-up? N/A ☐
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.15301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(6) At the time of a resident's admission, a licensee shall complete a written resident care agreement. A resident care agreement is the document which is established between the resident or the resident's designated representative, the responsible

agency, if applicable, and the licensee and which specifies the responsibilities of each party. A resident care agreement shall include all of the following:

(a) An agreement to provide care, supervision, and protection, and to assure transportation services to the resident as indicated in the resident's written assessment plan and health care appraisal.

(b) A description of services to be provided and the fee for the service.

(c) A description of additional costs in addition to the basic fee that is charged.

(d) A description of the transportation services that are provided for the basic fee that is charged and the transportation services that are provided at an extra cost.

(e) An agreement by the resident or the resident's designated representative or responsible agency to provide necessary intake information to the licensee, including health-related information at the time of admission.

(f) An agreement by the resident or the resident's designated representative to provide a current health care appraisal as required by subrule (10) of this rule.

(g) An agreement by the resident to follow the house rules that are provided to him or her.

(h) An agreement by the licensee to respect and safeguard the resident's rights and to provide a written copy of these rights to the resident.

(i) An agreement between the licensee and the resident or the resident's designated representative to follow the home's discharge policy and procedures.

(j) A statement of the home's refund policy. The home's refund policy shall meet the requirements of R 400.15315.

(k) A description of how a resident's funds and valuables will be handled and how the incidental needs of the resident will be met.

(l) A statement by the licensee that the home is licensed by the department to provide foster care to adults.

Findings: On 04/08/2025 I completed an onsite renewal inspection at the facility. While onsite I observed that Resident A's Resident Care Agreement was incomplete. I reviewed that the document lacked the agreed upon rate for services.

Exit Conference: On 04/15/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

R 400.15310

Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Findings: While onsite I reviewed monthly weight records. I observed that the records indicated that Resident A was not weighed February 2025, Resident B was not weighed February 2025, and Resident C was not weighed February 2025.

Exit Conference: On 04/15/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

R 400.15312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be

labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Findings: While onsite I reviewed the facility's Medication Administration Records. I observed the MAR indicated that during the month of March 2025; Resident D did not receive multiple medications due to staff documenting that the medication was either "not in med cart" or was "not available". Resident D's MAR indicates that on 03/02/2025, 03/10/2025, and 03/16/2025 Resident D did not receive his prescribed Tab-A-Vite multi vitamin with Iron, on 03/13/2025 Resident D did not receive his prescribed Ear drops 6.5% , and on 03/10/2025, 03/14/2025, 03/15/2025, and 03/16/2025 Resident D did not receive his prescribed Oyster Cal + D tablet. Additionally, Resident A's MAR indicates that on 12/01/2024 Resident A did not receive her prescribed Nystatin Powder.

REPEAT VIOLATION: 2024A0583033 05/23/2024

Exit Conference: On 04/15/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

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:

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Findings: While onsite I interviewed administrator Tracy Wood. Ms. Wood acknowledged that she documented in Resident A's MAR that Resident A did not receive her prescribed Nystatin Powder on 12/01/2024. Ms. Wood stated that she could not recall if she had contacted an appropriate health care professional. While onsite I interviewed staff Tiffany Cole. Ms. Cole stated that she documented that 03/13/2025 she did not administer

Resident D's Ear Drops 6.5% because said medication was "not on med cart". Ms. Cole acknowledged that she did not contact an appropriate medical professional.

REPEAT VIOLATION: 2024A0583033 05/23/2024

Exit Conference: On 04/15/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/15/2025

Toya Zylstra
Licensing Consultant

Date