



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 7, 2026

Brian Nitz
Baruch SLS, Inc.
Suite 203
3196 Kraft Avenue SE
Grand Rapids, MI 49512

RE: License #: AL700289583
Cambridge Manor - North
151 Port Sheldon Road
Grandville, MI 49418

Dear Mr. Nitz:

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) 356-0100.

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 #: AL700289583

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: Brian Nitz, Designee

Administrator: Pending

Name of Facility: Cambridge Manor - North

Facility Address: 151 Port Sheldon Road
Grandville, MI 49418

Facility Telephone #: (616) 457-3050

Original Issuance Date: 03/25/2013

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/06/2026

Date of Bureau of Fire Services Inspection if applicable: 12/30/2025

Date of Health Authority Inspection if applicable: 01/06/2026

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 5

No. of others interviewed N/A Role: [REDACTED]

- 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. BFS observed.
- 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 400.675 Resident medications.

(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.

Findings: On 01/06/2026 I completed an onsite renewal inspection. I reviewed resident medication administration records which indicated that on 12/26/2025 Resident A did not receive her prescribed Levothyroxine 100 MCG which is prescribed once daily. Resident A's MAR indicated that Resident A did not receive the medication because the facility ran out of the medication and requested a refill. Additionally, I observed that on 12/13/2025 Resident B did not receive his prescribed once daily Furosemide 20 MG and on 12/26/2025 Resident B did not receive his prescribed Oxycodone 5 MG at 8:00 AM and 2:00 PM because the facility ran out of the medications and requested refills. A review of the LARA file indicates that this is a repeat violation of 2025A0583039 06/03/2025 and 2025A0583037 06/06/2025.

Exit Conference: On 01/07/2026, an exit conference was completed via telephone with acting licensee designee Brian Nitz. Mr. Nitz stated that he did not dispute the findings and would submit an acceptable corrective action plan.

R 400.675 Resident medications.

(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:

(f) Contact the resident's licensed health care professional or the appropriately licensed health care professional who prescribed the medication when a medication error occurs.

Finding: On 01/06/2026 I completed an onsite renewal inspection. I reviewed resident medication administration records which indicated that on 12/26/2025 Resident A did not receive her prescribed Levothyroxine 100 MCG which is prescribed once daily. Resident A's MAR indicated that Resident A did not receive the medication because the facility ran out of the medication and requested a refill. Resident A's MAR does not indicate that staff contacted a licensed health care professional regarding the missed 12/26/2025 dosage. Regional Operations Manager Amanda Beecham was present during the investigation and stated that there is no documentation to suggest staff contacted a medical professional regarding the missed 12/26/2025 dosage and the medication technician tasked with administering Resident A's 12/26/2025 is no longer employed at the facility. A review of the LARA file indicates that this is a repeat violation of 2025A0583037 06/06/2025.

Exit Conference: On 01/07/2026 an exit conference was completed via telephone with acting licensee designee Brian Nitz. Mr. Nitz stated that he 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.



01/07/2026

Toya Zylstra
Licensing Consultant

Date