GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 16, 2026

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

RE: License #: AM700398466
Investigation #: 2026A0340048
Sierra AFC Home

Dear Mr. Nitz:

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) 356-0100.

Sincerely,

Rebecca Piccard, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 446-5764

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AM700398466
Investigation #:	2026A0340048
Complaint Receipt Date:	06/12/2026
Investigation Initiation Date:	06/16/2026
Report Due Date:	08/11/2026
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 588-9131
Administrator:	Rebecca Summerville
Licensee Designee:	Brian Nitz
Name of Facility:	Sierra AFC Home
Facility Address:	16216 Mercury Drive Grand Haven, MI 49417
Facility Telephone #:	(616) 847-4242
Original Issuance Date:	03/23/2020
License Status:	REGULAR
Effective Date:	09/24/2024
Expiration Date:	09/23/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A was not being properly supervised and Resident B pushed her, picked her up, tried to carry her, and tried to kiss her.	No
Additional Findings	Yes

III. METHODOLOGY

06/12/2026	Special Investigation Intake 2026A0340048
06/15/2026	APS Referral Complaint filed by Adult Protective Services (APS)
06/16/2026	Special Investigation Initiated - Telephone Rebecca Summerville
06/24/2026	Inspection Completed On-site
07/10/2026	Inspection Completed On-site
07/15/2026	Exit Conference Laura Whaley

ALLEGATION: Resident A was not being properly supervised and Resident B pushed her, picked her up, tried to carry her, and tried to kiss her.

INVESTIGATION: On June 12, 2026, a complaint was filed by Adult Protective Services with the BCHS Online Complaints. It stated that on May 13, 2026, Resident A was pushed by Resident B while she was in bed. On May 16, 2026, Resident B tried to kiss Resident A while she was in bed. On another day he tried to carry Resident A who is bed bound. There were no known injuries. This home is a memory care facility. This complaint was filed under the wrong license number and had to be corrected.

On June 16, 2026, I contacted Administrator Rebecca Summerville. I asked her about Resident A and she informed me that Resident A had passed away June 1, 2026. I asked Ms. Summerville about Resident B. She stated Resident B passed away May 28, 2026. I asked Ms. Summerville if there had been any incidents regarding these two residents. She stated there were none that she was aware of. She stated Resident A' family had never reported any concerns about anything before but on the day of Resident A's death they accused Resident B of "torturing" her.

Ms. Summerville stated she would send any Incident Reports (IR's) that she has. I requested she also send the Assessment Plans for Resident A and B as well.

On June 17, 2026, I received and reviewed the requested documents. Resident A's Assessment Plan was signed by Ms. Summerville on 3/25/26. There was nothing notable in the Assessment Plan regarding Resident A.

Resident B's Assessment Plan was signed by Ms. Summerville on 5/5/26. Under "Special Equipment" it states "walker, gait belt as needed". Under "Controls Aggressive Behavior" it states, "does not display any aggressive or combative behaviors". Under "Get's along with others" it states, "Displays positive/appropriate interactions with others and requires no assistance". Under "Mobility" it states, "Requires staff assistance with mobility/ambulation."

On June 24, 2026, I conducted an unannounced home inspection. I met with Shane Tenbrink, Director of Resident Care. She was present the day Resident A died and spoke with the family. She stated Resident A's family members were angry and wanted to be refunded the money paid for the previous month. Ms. Tenbrink stated no one had ever brought up any concerns before. Resident B was a resident with dementia and he was not "active". When I read the allegations to Ms. Tenbrink, she stated she does not think Resident B would have been physically capable of doing what was alleged.

APPLICABLE RULE	
R 400.671	**Resident care.**
	(4) A licensee shall provide supervision, protection, and personal care as specified in a resident's assessment plan. A hospice service plan, do-not resuscitate order, or any other advance directive must be included as an addendum to the resident assessment and maintained with the assessment plan in the resident's record.
ANALYSIS:	The allegation was made that staff did not protect Resident A from Resident B. Ms. Summerville and Ms. Tenbrink both stated they had no knowledge and there is no record of Resident A being bothered or assaulted by Resident B. The Assessment Plan for Resident B indicates it is unlikely that he was able to push or pick up Resident A. There is not a preponderance of evidence to support a rule violation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: While conducting the above investigation, as well as complaint #2026A0340049 on the same campus, it was discovered that staff are not all being trained in CPR/1st Aid. On July 10, 2026, I was reviewing staff files and was informed by Activities Director, Rachel Kooiman, that all staff work at all of the Lakeshore homes. I reviewed 12 randomly chosen staff files and found 9 staff to not have training in First aid. When I brought this concern to acting Designee Laura Whaley, she was able to provide training documentation for 3 of the staff who did not have documentation in their files. The remaining staff who have not been trained in First Aid or CPR include Kayla Henderson, Shakia Gray, Isabelle Eschman, Lauren Bridgeforth, Kailyn Chaney and Alexis Fisk

APPLICABLE RULE	
R 400.629	**Direct care staff; qualifications and training.**
	(5) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be trained and competent in all of the following areas before performing assigned tasks independently: **(b) First aid.** **(c) Cardiopulmonary resuscitation, which includes a hands-on demonstration as part of the training.**
ANALYSIS:	While reviewing 12 staff files it was discovered that six staff were not trained in First aid or CPR.
CONCLUSION:	**VIOLATION ESTABLISHED**

On July 15, 2026, I conducted an exit conference with Laura Whaley who is acting Designee for Baruch. I informed her of the allegation and findings. I requested a Corrective Action Plan which she agreed to send and had no further questions.

IV. RECOMMENDATION

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

Rebecca Piccard July 16, 2026

Rebecca Piccard, Licensing Consultant Date

Approved By:

July 16, 2026

Jerry Hendrick, Area Manager Date