



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 22, 2021

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

RE: License #: AL250381018
Investigation #: 2021A0576039
Living Joy AL

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

If you desire technical assistance in addressing these issues, please feel free to 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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script, appearing to read "C. Garza".

Christina Garza, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 240-2478

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL250381018
Investigation #:	2021A0576039
Complaint Receipt Date:	08/31/2021
Investigation Initiation Date:	09/02/2021
Report Due Date:	10/30/2021
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203, 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Administrator:	Stacy Bohn
Licensee Designee:	Connie Clauson
Name of Facility:	Living Joy AL
Facility Address:	1525 Pierson Road, Flushing, MI 48433
Facility Telephone #:	(810) 659-8507
Original Issuance Date:	05/19/2016
License Status:	REGULAR
Effective Date:	11/19/2020
Expiration Date:	11/18/2022
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A was slapped by staff. Residents are left in bed for extended periods of time causing sores.	No
Staff tie hands of residents when they change their briefs.	No
Staff are overmedicating the residents. The residents sleep most of the day and act like zombies.	No
Staff stole medications from residents.	Yes
Staff are not feeding residents and they go without meals.	No
Facility smells of urine and feces.	No

III. METHODOLOGY

08/31/2021	Special Investigation Intake 2021A0576039
08/31/2021	APS Referral Intake received from Adult Protective Services (APS)
09/02/2021	Special Investigation Initiated - Letter Sent email to Kelly Clark-Huey, Genesee County APS
09/02/2021	Contact - Telephone call received Interviewed Kelly Clark-Huey
10/07/2021	Inspection Completed On-site Interviewed Resident A, Resident B, Resident C, Resident D, Staff, Nina Coleman, and Tammy Olsick
10/07/2021	Contact - Face to Face Interviewed Paige Treichel, Nurse/Case Manager from the Care Team
10/11/2021	Contact - Document Received Reviewed documents
10/14/2021	Contact - Telephone call made Interviewed Elizabeth Metcalf, Case Manager from Resident A's guardian's office
10/14/2021	Exit Conference Exit Conference conducted with Administrator, Stacy Bohn

ALLEGATION:

- Resident A was slapped by staff.
- Residents are left in bed for extended periods of time causing sores.

INVESTIGATION:

On October 7, 2021, I completed an unannounced on-site inspection at Living Joy and interviewed Staff, Nina Coleman. Ms. Coleman denied Resident A was slapped by staff. Ms. Coleman denied being told by anyone that Resident A had been slapped by staff. Ms. Coleman denied any concerns that staff mistreated Resident A or any residents of the home. According to Ms. Coleman, residents are not left in bed for extended periods of time. Ms. Coleman denied any knowledge of residents having sores from being left in bed.

On October 7, 2021, I interviewed Paige Treichel, Nurse/Case Manager from the Care Team. Ms. Treichel reported she is the nurse/case manager for Resident A and comes to the facility weekly. Ms. Treichel denied any knowledge of Resident A being slapped or mistreated by staff. Ms. Treichel stated Resident A is verbal however sometimes her statements are disorganized. Ms. Treichel denied Resident A ever told her she was slapped by staff. Ms. Treichel denied seeing marks or bruises on Resident A or any of the other residents she sees at the facility. Ms. Treichel denied residents are left in bed for extended periods of times or that residents have sores. Ms. Treichel reported one resident has a sore on her ankle and it is healing. The sore is not the result of being left in bed for an extended period of time. Ms. Treichel denied any concerns regarding the facility and stated staff are always helpful and call her when needed.

On October 7, 2021, I interviewed Resident A who could not recall how long she has lived at the facility. Resident A confirmed staff treat her well and that she gets along with staff. Resident A confirmed staff are nice to her. Resident A made efforts to elaborate on her answers however she was somewhat difficult to understand. Resident A was noted to be neat and clean in appearance. She was sitting in her wheelchair and dressed appropriately for the day.

On October 7, 2021, I interviewed Resident B who denied staff have hit or mistreated residents of the facility. Resident B denied residents are left in bed for extended periods of time. Resident B denied any concerns with staff or their treatment of the residents of the home.

On October 7, 2021, I interviewed Resident D who reported he has lived at his home for 6 months. Resident D confirmed staff treat him well and do not hit him. Resident D denied any concerns.

On October 14, 2021, I spoke to Elizabeth Metcalf regarding Resident A. Ms. Metcalf is the Case Manager from Resident A's guardian's office. Ms. Metcalf denied any concerns surrounding Resident A or the care she is receiving at Living Joy.

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:	<p>It was alleged that Resident A was slapped by staff and that residents are left in bed for extended periods of time causing sores. Upon completion of investigative interviews, there is not a preponderance of evidence to conclude a rule violation.</p> <p>An unannounced on-site inspection found 16 residents up and in the dining room area in preparation to eat lunch. All the residents were noted to be neat, clean, and dressed appropriately for the day. I spoke to the nurse to Resident A and 3 other residents, Paige Treichel who reported she is often at the facility and has no knowledge of Resident A being hit or mistreated by staff. Ms. Treichel denied residents are left in bed for extended periods of time and that residents have sores as a result.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff tie hands of residents when they change their briefs.

INVESTIGATION:

On October 7, 2021, I completed an unannounced on-site inspection at Living Joy and interviewed Resident B. Resident B denied residents hands are bound together while they are being changed. Resident B has never witnessed this occur to any residents of the home and this has never happened to her.

On October 7, 2021, I interviewed Staff, Tammy Olsick who denied resident's hands are tied together to change them or complete their hygiene. Ms. Olsick denied ever witnessing any staff bind together resident's hands for any reason. I also interviewed Staff, Nina Coleman who stated resident's hands are not bound together for staff to complete their hygiene. Ms. Coleman stated she does not believe any of the staff would do this to the residents of the home. Ms. Coleman advised that there were a few staff

that were terminated from employment in the past few weeks, and this is where she believes the unfounded allegations are coming from.

On October 7, 2021, I interviewed Paige Treichel, Nurse/Case Manager from the Care Team. Ms. Treichel reported she is at the facility frequently and she has never witnessed staff binding resident's hands together.

APPLICABLE RULE	
R 400.15308	Resident behavior interventions prohibitions.
	<p>(2) A licensee, direct care staff, the administrator, members of the household, volunteers who are under the direction of the licensee, employees, or any person who lives in the home shall not do any of the following:</p> <p>(c) Restrain a resident's movement by binding or tying or through the use of medication, paraphernalia, contraptions, material, or equipment for the purpose of immobilizing a resident.</p>
ANALYSIS:	<p>It was alleged that staff tie resident's hands together to change them. Upon conclusion of investigative interviews with staff and residents, there is not a preponderance of evidence to conclude a rule violation.</p> <p>I spoke to staff who denied they bind resident hands together and denied witnessing this behavior by others. Resident B denied that her hands are bound together for any reason, and she never witness the happen to other residents. There is no evidence to conclude residents are restrained for the purposes of immobilizing.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff are overmedicating the residents. The residents sleep most of the day and act like zombies.

INVESTIGATION:

On October 7, 2021, I completed an unannounced on-site inspection at Living Joy and interviewed Staff, Nina Coleman. Ms. Coleman denied residents are overmedicated. According to Ms. Coleman, residents are administered their medications as prescribed by their doctor.

I viewed the medication room including medications and medication administration sheets for the residents. There were no concerns noted regarding medication administration procedures. The medication room was noted to be neat, clean, and orderly. I viewed several residents at the facility and most of them were in the dining area preparing to eat. The residents were alert and did not appear to be overmedicated (i.e., acting like zombies). 2 residents were noted to have their eyes closed, possibly asleep while sitting in their chairs.

On October 7, 2021, I interviewed Staff, Tammy Olsick who denied the allegation that staff are overmedicating the residents. Ms. Olsick stated the doctor is at the facility every week and there has never been any concern that residents are being overmedicated.

On October 7, 2021, I interviewed Paige Treichel, Nurse/Case Manager from the Care Team. Ms. Treichel sees 4 patients who reside at the facility. Ms. Treichel denied that residents are overmedicated. Ms. Treichel stated some of the residents may fall asleep however she is able to wake them. Ms. Treichel denied having concerns regarding the facility and the care they provide the residents.

On October 7, 2021, I interviewed Resident B and Resident C regarding the allegations. Both residents denied any concerns about their medications. Resident B and Resident C reported they receive their medications as prescribed.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	<p>It was alleged that residents are overmedicated. Upon conclusion of investigative interviews with residents and staff and completion of an unannounced on-site inspection, there is not a preponderance of evidence to conclude a rule violation.</p> <p>3 residents were interviewed and denied they are overmedicated. I viewed several residents during my unannounced on-site inspection, and they were neat, clean, and they did not appear to be in any distress or over medicated. I interviewed Nurse/Case Manager, Paige Treichel who is in the facility weekly and she denied any concerns that residents are overmedicated.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff stole medications from residents.

INVESTIGATION:

On August 31, 2021, I received this intake from Adult Protective Services (APS). On September 2, 2021, I sent an email to Kelly Clark-Huey, Genesee County Adult Protective Service Investigator. Ms. Clark-Huey contacted me by telephone and the allegations were discussed. Ms. Clark-Huey completed an on-site inspection of the facility and confirmed 30 Xanax pills were stolen and this was reported to the police. On October 7, 2021, I interviewed Administrator, Stacy Bohn regarding stolen medications. Ms. Bohn advised she completed an investigation regarding missing medications and staff did not follow policy with regards to medications. A blister pack of 30 Xanax pills was unable to be located and a report was made with the police. Staff involved with not adhering to the policy regarding medications were written up. Ms. Bohn advised she does not know who took the missing medication.

On October 11, 2021, I reviewed a typed written document authored by Administrator, Stacy Bohn. The document was dated for August 9, 2021, and stated “investigation into 30 pack of Xanax .25 unaccounted for”. The document stated that on August 8, 2021, staff reported 30 pills of Xanax for Resident A were missing and could not be located after a thorough search of the medication cart. Ms. Bohn documented 2 staff did not complete the narcotic count of the medication and did not follow procedures with respect to medications. The 2 staff were given discipline and counseling. Flushing Police Department were also made aware of the missing medication. It was documented that Resident A did not miss any doses of medication as the blister pack that was missing was a refill pack, which was replaced.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(6) A licensee shall take reasonable precautions to insure that prescription medication is not used by a person other than the resident for whom the medication was prescribed.

ANALYSIS:	<p>It was alleged that staff stole resident medication. Upon completion of investigative interviews, there is a preponderance of evidence to conclude a rule violation.</p> <p>Administrator, Stacy Bohn confirmed she completed an investigation involving a missing blister pack of resident medication. The medication was a controlled substance (Xanax) and after a thorough search could not be located. Ms. Bohn reported the missing medication to the police and 2 staff received discipline for not adhering to medication procedures.</p>
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Staff are not feeding residents and they go without meals.

INVESTIGATION:

On October 7, 2021, I completed an unannounced on-site inspection at Living Joy. There were 16 residents in the dining area of the home and were preparing to eat lunch. The residents were being served lasagna, spinach, cottage cheese, and a drink. I viewed menus posted in the kitchen area and plenty of food. There was also plenty of food stored in a pantry area and freezer/refrigerator located in the basement.

On October 7, 2021, I interviewed Staff, Nina Coleman who reported all the residents at the home like to eat. Ms. Coleman stated the residents eat every 2 hours; 8am breakfast, 10:30am snack; 12pm lunch; 2:30pm snack; 5pm dinner; 7:30pm snack.

On October 7, 2021, I interviewed Resident B, Resident C, and Resident D. All 3 residents confirm they get enough to eat at their home. The residents report they receive breakfast, lunch, and dinner as well as snacks.

On October 11, 2021, I reviewed weight records for 10 residents and there were no concerns noted. Most resident weights remained steady, and some residents were noted to have slightly gained weight over the past year.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.

ANALYSIS:	<p>It was alleged that residents are not being properly fed and go without meals. Upon conclusion of an unannounced on-site inspection and investigative interviews, there is not a preponderance of evidence to conclude a rule violation.</p> <p>Upon arrival to the home for an unannounced on-site inspection, the residents were preparing to eat lunch. The residents were being served a well-balanced meal, which appeared appetizing. 3 residents confirmed they get adequate food to eat, and the facility was noted to have more than adequate food in the pantry, refrigerator, and freezer.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Facility smells of urine and feces.

INVESTIGATION:

On October 7, 2021, I completed an unannounced on-site inspection at Living Joy. The home was noted to be neat and clean in appearance. I walked throughout the facility, including several resident bedrooms, basement, kitchen, and dining area and it was clean and orderly. There was no foul order of any kind noted. The facility had a pleasant aroma and at no time did I detect an odor of urine or feces.

On October 7, 2021, I interviewed Staff, Nina Coleman who reported the facility does not smell of urine or feces. Ms. Coleman reported the facility may, on occasion, have odors if staff are changing resident briefs after they are soiled.

On October 7, 2021, I interviewed Resident B who reported she has lived at the facility for 2 years. Resident B denied the facility is odorous. Resident B denied the facility smells of urine or feces.

APPLICABLE RULE	
R 400.15403	Maintenance of premises.
	(2) Home furnishings and housekeeping standards shall present a comfortable, clean, and orderly appearance.

ANALYSIS:	<p>It was alleged that the facility smells of urine and feces. Upon conclusion of an unannounced on-site inspection, there is not a preponderance of evidence to conclude a rule violation.</p> <p>On October 7, 2021, I completed an unannounced inspection at Living Joy and walked through the facility including several resident bedrooms, dining area, and kitchen. There was no foul order of any kind noted. The facility had a pleasant aroma and at no time did I detect an odor of urine or feces.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

On October 14, 2021, I completed an Exit Conference with Administrator, Stacy Bohn. I advised Ms. Bohn I would be requesting a corrective action plan for the cited rule violation.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, no change in the license status is recommended.

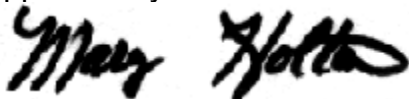


10/22/2021

Christina Garza
Licensing Consultant

Date

Approved By:



10/22/2021

Mary E Holton
Area Manager

Date