GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 5, 2022

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

RE: License #: AL700289594
Investigation #: 2022A0583039
Cambridge Manor - South

Dear Mrs. Clauson:

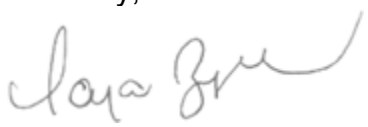
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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,



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 #:	2022A0583039
Complaint Receipt Date:	07/21/2022
Investigation Initiation Date:	07/21/2022
Report Due Date:	08/20/2022
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:	09/23/2021
Expiration Date:	09/22/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, AGED, ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility is insufficiently staffed.	Yes
Additional findings	Yes

III. METHODOLOGY

07/21/2022	Special Investigation Intake 2022A0583039
07/21/2022	Special Investigation Initiated - Telephone Magdalen Heerspink, former staff
07/21/2022	APS Referral
07/22/2022	Inspection Completed On-site Amanda Beecham, Regional Director, staff Rachel Rynbrandt
07/27/2022	Contact – Document received Amanda Beecham, Regional Director
08/04/2022	Exit Conference Licensee Designee Connie Clauson

ALLEGATION: The facility is insufficiently staffed.

INVESTIGATION: On 07/21/2022 complaint allegations were received by the BCAL online reporting system. The complaint alleged that the facility is insufficiently staffed.

On 07/21/2022 I interviewed former staff Magdalen Heerspink via telephone. Ms. Heerspink stated she worked at the facility until 07/11/2022 at which time her employment was terminated. Ms. Heerspink explained that her primary job responsibly included scheduling staff. Ms. Heerspink stated the facility lacks adequate staff to cover all shifts and consequently the facility has operated with one staff during third shift (11:00 pm until 7:00 am). Ms. Heerspink explained the facility provides care to multiple residents that require two-person staff lift assistance per their Assessment Plans therefore one staff is insufficient to meet those needs.

On 07/22/2022 I completed an unannounced onsite investigation at the facility and privately interviewed Regional Director Amanda Beecham and staff Rachel Rynbrandt.

Ms. Beecham stated that the facility is understaffed. Ms. Beacham stated the facility often operates with one staff from 11:00 pm until 7:00 am despite the facility providing care to multiple residents that require the assistance of two staff to safely transfer.

Ms. Rynbrandt stated the facility provides care to multiple residents that require two staff to safely transfer. Ms. Rynbrandt stated the facility routinely operates with one staff from 11:00 pm until 7:00 am due to a lack of staff.

On 07/27/2022 I received an email from Regional Director Amanda Beecham. The email contained staff schedules and indicated that the facility operated with only one staff from 11:00 pm until 7:00 am on 07/12/2022, 07/13/2022, 07/14/2022, 07/16/2022, 07/18/2022, and 07/20/2022. The email contained Assessment Plans for Resident A (signed 07/18/2022), Resident B (signed 07/28/2020), Resident C (signed 07/21/2022), and Resident D (signed 07/17/2022) which I reviewed. Each of these four assessment plans indicated each resident requires “two person assistance for transfer”.

On 08/04/2022 I completed an Exit Conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated she agreed with the findings and would complete an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.15206	**Staffing requirements.**
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.
ANALYSIS:	Regional Director Amanda Beacham stated the facility often operates with only one staff from 11:00 pm until 7:00 am despite the facility providing care to residents who require the assistance of two staff to safely transfer. Staff Rachel Rynbrandt stated the facility provides care to residents who require two staff to safely transfer. Ms. Rynbrandt stated the facility routinely operates with only one staff from 11:00 pm until 7:00 am due to a lack of staff. Staffing schedules indicate that the facility operated with one staff from 11:00 pm until 7:00 am on 07/12/2022, 07/13/2022, 07/14/2022, 07/16/2022, 07/18/2022, and 07/20/2022.

	Resident A, Resident B, and Resident C's Assessment Plans indicate each resident requires "two person assistance for transfer". There is a preponderance of evidence to substance violation of R 400.15206 (2).
CONCLUSION:	**VIOLATION ESTABLISHED**

ADDITIONAL FINDING: Assessment Plans are not completed annually and/or signed by the appropriate parties.

INVESTIGATION: On 07/27/2022 I received an email from Amanda Beecham which contained Resident B, Resident C, and Resident D's Assessment Plans. I reviewed Resident B's Assessment Plan and noted it was signed on 07/28/2020. Resident C's Assessment Plan was not signed by the Licensee Designee or Administrator and Resident D's Assessment Plan is not signed by the Licensee Designee or Administrator.

On 08/04/2022 I completed an Exit Conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated she agreed with the findings and would complete an acceptable Corrective Action Plan.

APPLICABLE RULE	
R 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.
ANALYSIS:	Resident B's Assessment Plan was signed on 07/28/2020. Resident C's Assessment Plan was not signed by the Licensee Designee or Administrator. Resident D's Assessment Plan was not signed by the Licensee Designee or Administrator. There is a preponderance of evidence to substance violation of R 400.14301 (4).

CONCLUSION:	**VIOLATION ESTABLISHED**

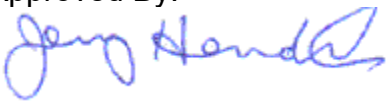
IV. RECOMMENDATION

Upon receipt of an Acceptable Corrective Action Plan, I recommend the license remain unchanged.

08/04/2022

Toya Zylstra — Date
Licensing Consultant

Approved By:



08/04/2022

Jerry Hendrick — Date
Area Manager