



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

December 19, 2023

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

RE: License #: AL460398056  
Investigation #: 2024A1032004  
Tecumseh Place I

Dear Mrs. Clauson:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

Please review the enclosed documentation for accuracy and contact me with any questions. If I am not available and you need to speak to someone immediately, please contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in black ink, appearing to read "Dwight Forde".

Dwight Forde, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL460398056
<b>Investigation #:</b>	2024A1032004
<b>Complaint Receipt Date:</b>	10/13/2023
<b>Investigation Initiation Date:</b>	10/16/2023
<b>Report Due Date:</b>	12/12/2023
<b>Licensee Name:</b>	Baruch SLS, Inc.
<b>Licensee Address:</b>	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Administrator:</b>	Keely Sanders
<b>Licensee Designee:</b>	Connie Clauson
<b>Name of Facility:</b>	Tecumseh Place I
<b>Facility Address:</b>	1311 Southwestern Drive Tecumseh, MI 49286
<b>Facility Telephone #:</b>	(517) 423-3374
<b>Original Issuance Date:</b>	09/13/2019
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	03/13/2022
<b>Expiration Date:</b>	03/12/2024
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

## ALLEGATION(S)

	<b>Violation Established?</b>
Employees left residents in soiled clothing and Resident A was covered in insects.	No
Employees are not properly trained to use special equipment.	No
Residents had bruises.	No
Additional Findings	No

## II. METHODOLOGY

10/13/2023	Special Investigation Intake 2024A1032004
10/16/2023	Special Investigation Initiated - On Site
10/23/2023	Contact - Document Received Intake 198156 information added. Complaint alleged no staff training, resident bruises and no hoyer lifts.
11/22/2023	Contact - Document Received
12/13/2023	APS Referral
12/18/2023	Contact - Document Received Training verifications
12/19/2023	Exit Conference

## **ALLEGATION:**

**Employees left residents in soiled clothing and Resident A was covered in insects.**

## **INVESTIGATION:**

On 10/16/23, I interviewed staff member India Mester in the home. Ms. Mester stated that there have been instances in the remote past where she has noted that residents were soaked in urine when she relieved the overnight shift. She stated that she has notified her supervisors that this had occurred. Ms. Mester advised that typically residents are checked every two hours but she tries to increase the rate to once an hour to avoid residents being soaked.

Ms. Mester stated that there was a resident who had head lice recently, and she stated that the resident more than likely contracted the lice during an offsite visit. Ms. Mester advised that another staff member treated the resident for the head lice and that the issue was addressed.

I interviewed Resident A in the home. Resident A stated that she went to the hospital recently and postulated that she contracted head lice from there. She advised that hospice care services first noticed a nit, but by the next day she was covered in lice. She stated that a staff member from the home treated the head lice.

Resident A advised that generally the home does respond to crises in a timely fashion but expressed that there have been times when she may have had to wait to be changed because staff were responding to a resident who needed to be transported to the hospital. She stated that her brief is usually changed in a timely manner.

I interviewed resident care manager Barbara Roberts in the home. I asked Ms. Roberts if she has recently received complaints from relief staff that residents were not properly changed by preceding team members. She stated that she has not recently received those complaints.

On 10/17/23, I interviewed administrator Keely Sanders via telephone. Ms. Sanders stated that she has received reports about staff members who have not been doing their jobs and as such, those employees were terminated. Ms. Sanders advised that there is a process where two-hour checks are logged for residents, and there is a communication log that is reviewed from shift to shift. She advised that resident care managers are tasked with reviewing and auditing these reports.

Ms. Sanders provided copies of training schedules and checklists for resident toileting.

<b>APPLICABLE RULE</b>	
<b>R 400.15310</b>	<b>Resident health care.</b>
	<p><b>(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following:</b></p> <p style="padding-left: 40px;"><b>(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's record.</b></p>
<b>ANALYSIS:</b>	Based on my interview with Resident A and the employees, there is insufficient evidence to establish a violation. Residents left in their soiled garments appears to have been an issue in the past. Resident A denied any undue burden from the issue and explained that if it happened, there were extenuating circumstances. The training schedules suggest that the home is not understaffed and meeting resident needs.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Employees are not properly trained to use special equipment.**

**INVESTIGATION:**

On 11/22/23, I received documentation from Ms. Sanders, that there were residents in the home with doctor's orders for the use of hooyer lifts.

On 12/18/23, I reviewed employee Wendi Combs's file. The file included verifications that Ms. Combs had been trained in the use of hooyer lifts, and that her other trainings were in accordance with licensing rules.

<b>APPLICABLE RULE</b>	
<b>R 400.15204</b>	<b>Direct care staff; qualifications and training.</b>
	<b>(3) 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 competent before</b>

	<p>performing assigned tasks, which shall include being competent in all of the following areas:</p> <ul style="list-style-type: none"> <li>(a) Reporting requirements.</li> <li>(b) First aid.</li> <li>(c) Cardiopulmonary resuscitation.</li> <li>(d) Personal care, supervision, and protection.</li> <li>(e) Resident rights.</li> <li>(f) Safety and fire prevention.</li> <li>(g) Prevention and containment of communicable diseases.</li> </ul>
<b>ANALYSIS:</b>	A review of an employee's file revealed that the home was in compliance with training, and that use of Hoyer lift was in place. In addition, the employee was trained in the use of the Hoyer lift.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Residents had bruises.**

**INVESTIGATION:**

On 10/16/23, while interviewing Resident A, I observed no suspicious bruising.

On 12/13/23, I contacted Adult Protective Services (APS) specialist Randy Walch, via email. Mr. Walch denied any recent investigations or concerns about resident bruising.

On 12/21/23, I interviewed employee Kristina Peters in the home. Ms. Peters stated that to her knowledge there were no reports of bruised residents, and denied observing any bruises to residents to whom she provided care.

<b>APPLICABLE RULE</b>	
<b>R 400.15305</b>	<b>Resident protection.</b>
	<b>(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.</b>

<b>ANALYSIS:</b>	There was not APS involvement for bruising in the home. Resident A reported earlier that she was satisfied generally with the care received. I did not observe bruises on Resident A during my onsite inspection. An employee was interviewed and denied observing bruises on residents.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

On 12/19/23, I attempted to conduct an exit conference with licensee designee Connie Clausen. As Ms. Clausen was unavailable, I conducted the conference with administrator Keely Sanders. I shared my findings, and Ms. Sanders agreed with the conclusions reached.

### III. RECOMMENDATION

I recommend no change to the status of this license.



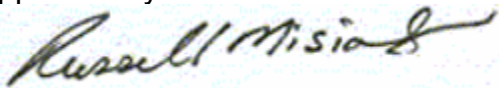
12/19/23

---

Dwight Forde  
Licensing Consultant

Date

Approved By:



12/28/23

---

Russell B. Misiak  
Area Manager

Date