GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 24, 2025

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

RE: License #: AL700289594
Investigation #: 2025A0583015
Cambridge Manor - South

Dear Mrs. Clauson:

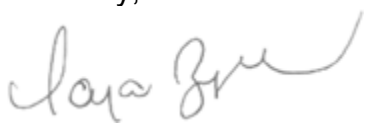
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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
Report contains quoted profanity.

I. IDENTIFYING INFORMATION

License #:	AL700289594
Investigation #:	2025A0583015
Complaint Receipt Date:	12/30/2024
Investigation Initiation Date:	01/07/2025
Report Due Date:	01/29/2025
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:	05/22/2023
Expiration Date:	05/21/2025
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED, ALZHEIMERS, AGED

II. ALLEGATION(S)

	Violation Established?
Facility staff engaged in a verbal altercation while residents were present.	Yes
Facility staff Kanye Peoples sexually assaulted Resident A.	No

III. METHODOLOGY

12/30/2024	Special Investigation Intake 2025A0583015
12/30/2024	APS Referral
01/07/2025	Special Investigation Initiated - On Site
01/07/2025	Contact – Email Ottawa County Sheriff's Department
01/24/2025	Exit Conference Licensee Connie Clauson

ALLEGATION: Facility staff engaged in a verbal altercation while residents were present.

INVESTIGATION: On 12/30/2024 complaint allegations were received from Adult Protective Services Centralized Intake. The allegations were screened out for Adult Protective Services investigation. The complaint stated that on the morning of 12/28/2024, staff Breojanay Hughes started fighting with staff in front of residents and "was cussing and yelling at staff and threatening the staff to fight".

On 01/07/2025 I completed an unannounced onsite investigation at the facility and privately interviewed staff Tracy Wood, Tricia VanKoevering, Amy James, Resident B, and Resident C.

Staff Tracy Wood stated that she did not work on 12/28/2024 but did return to work on 12/30/2024. Ms. Wood stated that on 12/30/2024, staff Tricia VanKoevering stated that Ms. VanKoevering had to physically separate staff Skye Martinez and staff Breojanay Hughes during a verbal altercation. Ms. Wood stated that Ms. VanKoevering observed the verbal altercation and reported that the incident occurred in the facility's common area which contains a conjoined living and dining area. Ms. Wood stated that Ms. Martinez and Ms. Hughes were reported by Ms. VanKoevering to be "yelling and screaming" in front of facility residents. Ms. Wood stated that Ms. Martinez was terminated from employment and Ms. Hughes voluntarily resigned from employment.

Staff Tricia VanKoevering stated that on 12/28/2024 at approximately 7:00 AM, she observed Ms. Martinez and Ms. Hughes engaged in a verbal altercation in the facility's common area. Ms. VanKoevering stated that Ms. Martinez and Ms. Hughes were "swearing and yelling" at each other with words such as "fuck" and "bitch". Ms. VanKoevering stated that both staff were challenging the other to physically fight. Ms. VanKoevering stated that approximately five residents were in the facility's living room and overheard the verbal altercation. Ms. VanKoevering stated that she physically put herself between the two staff to separate them. Ms. VanKoevering stated that the incident lasted approximately thirty minutes and resolved with Ms. Hughes leaving the facility because it was the end of her shift. Ms. VanKoevering stated that the incident started due to both staff arguing over dividing work tasks.

Staff Amy James stated that on 12/28/2024 at approximately 7:15 AM, she was working in the facility's kitchen which is located close to the common area. Ms. James stated that she overheard staff Skye Martinez yell, "I'm not playing with you" to staff Breojanay Hughes. Ms. James stated that she then overheard both staff yelling louder and louder at one another. Ms. James stated that she left the kitchen and entered the common area to observe both staff loudly cursing at one another including using profanity such as "shit" and "fuck". Ms. James stated that both staff were challenging the other to physically fight until Ms. VanKoevering got in between them to prevent a physical altercation. Ms. James stated that the altercation subsided with Ms. Hughes leaving the facility because her shift had ended. Ms. James stated that approximately four to five residents were in the facility's living room during the verbal altercation and overheard the incident.

Resident B stated that she overheard the verbal altercation between Ms. Martinez and Ms. Hughes. Resident B stated that she was seated in the living room during the incident and observed both staff to be using profanity while arguing loudly. Resident B stated that she overheard both staff challenging each other to physically fight however to Resident B's knowledge; no physical altercation occurred.

Resident C stated that she was in her bedroom on the morning of 12/28/2024. Resident C stated that she overheard Ms. Martinez and Ms. Hughes yelling from down the hallway. Resident C stated that she could not understand what both staff were saying but understood that they were upset with each other.

On 01/08/2025 I completed a LARA file review. I observed that on 09/04/2024 Special Investigation 2024A0583051 indicates that the facility was found in violation of R 400.15305 (3). The Special Investigation report indicated that Resident A stated that on the evening of 08/16/2024 she had her bedroom door open and overheard a heated conversation between staff Jailynn Washington, staff Ibety Vieyra-Tinoco, and staff Aracely Ortiz-Vieyra. Resident A stated that the staff members were in the communal living area of the facility during the incident. Resident A stated that residents were in their bedrooms at the time of the incident. Resident A stated that she could not identify what each staff member said, but distinctly overheard one of the staff members yell "are you a lazy bitch" and "you're always on your phone". A

Corrective Action Plan was approved and indicated that the facility terminated the employment of staff affiliated with the verbal altercation and that the facility would train staff regarding Residents' Rights, including resident safety and protection.

On 01/24/2025 I completed an exit conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated that she would submit an acceptable Corrective Action Plan. Ms. Clauson stated that multiple staff members associated with the violation have been terminated.

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:	Staff Amy James stated that on 12/28/2024 at approximately 7:15 AM, she was working in the facility' and overheard staff Skye Martinez yell "I'm not playing with you" to staff Breojanay Hughes. Ms. James stated that she then overheard both staff yelling louder and louder at one another. Ms. James stated that she observed both staff loudly cursing at one another including using profanity such as "shit" and "fuck". Ms. James stated that both staff were challenging the other to physically fight until Ms. VanKoevering got in between them to prevent a physical altercation. Staff Tricia VanKoevering stated that on 12/28/2024 at approximately 7:00 AM, she observed Ms. Martinez and Ms. Hughes engaged in a verbal altercation in the facility's common area. Ms. VanKoevering stated that Ms. Martinez and Ms. Hughes were "swearing" and "yelling" at each other with words such as "fuck" and "bitch". Resident B stated that she overheard the verbal altercation between Ms. Martinez and Ms. Hughes. Resident B stated that she was seated in the living room during the incident and observed both staff to be using profanity while arguing loudly. Resident B stated that she overheard both staff challenging each other to physically fight however to Resident B's knowledge; no physical altercation occurred. Resident C stated that she was in her bedroom on the morning of 12/28/2024. Resident C stated that she overheard Ms. Martinez and Ms. Hughes yelling from down the hallway.

	Resident C stated that she could not understand what both staff were saying but understood that they were upset with each A preponderance of evidence was discovered during the course of the Special Investigation to substantiate a violation of the applicable rule. Staff subjected residents to a verbal altercation that contained profanity.
CONCLUSION:	**REPEAT VIOLATION ESTABLISHED** 09/04/20224 Special Investigation 2024A0583051

ALLEGATION: Facility staff Kanye Peoples sexually assaulted Resident A.

INVESTIGATION: On 12/30/2024 complaint allegations were received from Adult Protective Services Centralized Intake. The allegations were screened out for Adult Protective Services investigation. I reviewed that the complaint stated the following, “one of the residents, Resident A, who is nonverbal may have been sexually abused by an unknown staff member. This has been reported to management”.

On 01/07/2025 I completed an unannounced onsite investigation at the facility and privately interviewed staff Tracy Wood, and Resident C.

Staff Tracy Wood stated that last week she was informed from former staff Chelsea Fuller and staff Skye Martinez that Resident C allegedly said that staff Kanye Peoples locked himself in Resident A’s bedroom third shift and sexually assaulted Resident A. Ms. Wood stated that the following day after hearing the allegation, she interviewed Resident C. Ms. Wood stated Resident C said that staff Kelsey Cook told Resident C that “a male staff” that works third shift was observed in Resident A's locked bedroom and had sexually assaulted Resident A. Ms. Wood stated that Resident C had no firsthand knowledge of the incident and could not provide a date the incident allegedly occurred. Ms. Wood stated that she proceeded to interview Ms. Cook who stated that she had never told Resident C that she had observed Mr. Peoples in Resident A’s locked bedroom. Ms. Wood stated that Ms. Cook did report hearing a rumor that Resident A had been sexually assaulted before residing at the facility but could not provide any details. Ms. Wood stated that she did not report the allegation of sexual assault to law enforcement and had not interview Mr. Peoples.

Resident C stated that three weeks ago, staff Kelsey Cook told Resident C that while working third shift, Ms. Cook knocked on Resident A’s locked bedroom door. Ms. Cook stated that after minutes of knocking on Resident A’s bedroom door; Mr. Peoples unlocked the door, left the bedroom, and Resident A’s “anus” was observed as “bloody”. Resident C stated that she had no further information regarding the incident.

While onsite I visually verified the wellbeing of Resident A. Resident A was unable to provide an interview given his current level of functioning. Resident A was dressed and displayed adequate hygiene.

On 01/08/2025 I interviewed staff Kelsey Cook via telephone. Ms. Cook stated that she left employment at the facility two and a half weeks ago. Ms. Cook stated that she previously worked third shift at the facility. Ms. Cook stated that she had overheard a conversation between staff Johnathan McKinney and staff Don'Yae Nixon that occurred approximately one month ago. Ms. Cook stated that Mr. McKinney and Ms. Nixon had reported that Resident A had been sexually assaulted in the past by an unknown staff member. Ms. Cook stated that Mr. McKinney and Ms. Nixon reported that Resident A had been "raped in his butthole" by the unknown staff. Ms. Cook stated that she has never worked with staff Kanye Peoples and has no knowledge of Mr. Peoples sexually assaulting any residents. Ms. Cook stated that she has not observed physical indications that Resident A was sexually assaulted. Ms. Cook stated that she had never informed Resident C that Mr. Peoples had sexually assaulted Resident A and denied observing Mr. Peoples locked inside Resident A's bedroom. Ms. Cook stated that she has never observed Resident A's anus as "bloody".

On 01/08/2025 I emailed the complaint allegation to the Ottawa County Sheriff's office for their review.

On 01/09/2025 I interviewed Ottawa County Sheriff Deputy, Jake Mucha, via telephone. Mr. Mucha stated that he was assigned to investigate the allegation and would attempt to schedule an interview with staff Kanye Peoples.

On 01/09/2024 I interviewed staff Johnathan McKinney via telephone. Mr. McKinney stated that he never had a conversation regarding Resident A being sexually by any staff member. He stated that he has observed no evidence that Resident A was sexually assaulted.

On 01/16/2025 I interviewed Detective Jake Mucha via telephone. Mr. Mucha stated that he interviewed staff Kanye Peoples in person at Mr. People's home. Detective Mucha stated that that he found Mr. Peoples to be sincere in his denial of the allegation of sexual assault. Detective Mucha stated that Mr. Peoples denied sexually assaulting Resident A and stated that he last worked with Resident A over a year ago. Detective Mucha stated that he would be closing his criminal case and will not be pursuing any charges.

On 01/16/2025 I interviewed staff Kanye Peoples via telephone. Mr. Peoples stated that he works third shift at a different facility on the same campus. Mr. Peoples stated that he last worked directly with Resident A at the facility over a year ago on "either second or third shift". Mr. Peoples denied he sexually assaulted Resident A and denied that the allegations were true.

On 01/24/2025 I completed an exit conference with Licensee Designee Connie Clauson via telephone. Ms. Clauson stated that he agreed with the Special Investigation Findings.

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:	Resident A was unable to be interviewed given his current level of functioning. Staff Kanye Peoples denied sexually assaulting Resident A. A preponderance of evidence was not discovered during the course of the Special Investigation to substantiate a violation of the applicable rule. Staff Kany Peoples denies sexually assaulting Resident A. Facility staff that were interviewed have no direct knowledge the allegation.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

01/24/2025

Toya Zylstra Date
Licensing Consultant

Approved By:

01/24/2025

Jerry Hendrick Date
Area Manager