



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 29, 2025

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

RE: License #: AL700289594
Cambridge Manor - South
151 Port Sheldon Road
Grandville, MI 49418

Dear Mrs. Clauson:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Toya Zylstra".

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

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL700289594
Licensee Name:	Baruch SLS, Inc.
Licensee Address:	Suite 203 3196 Kraft Avenue SE Grand Rapids, MI 49512
Licensee Telephone #:	(616) 285-0573
Licensee/Licensee Designee:	Connie Clauson, Designee
Administrator:	Tracey Wood
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
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/23/2025

Date of Bureau of Fire Services Inspection if applicable: 01/06/2025

Date of Health Authority Inspection if applicable: 04/23/2025

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed N/A Role:

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Medications passed prior to inspection.
- Medication(s) and medication record(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes ☒ No ☐ If no, explain.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☒ No ☐ If no, explain.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain.
- E-scores reviewed? (Special Certification Only) Yes ☐ No ☐ N/A ☒
If no, explain.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☒ No ☐ If no, explain.
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s:
N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

This facility was found to be in non-compliance with the following rules:

R 400.15208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(f) Verification of reference checks.

Findings: On 04/23/2025 I completed an onsite renewal inspection at the facility and reviewed staff Shanda Duncan's employee file. I observed that said employee file lacked reference checks for Ms. Duncan. While onsite, regional operations manager Amanda Beecham was present during the onsite inspection. Ms. Beecham confirmed that reference checks had not been completed for Ms. Duncan.

Exit Conference: On 04/29/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan. She stated that the facility was in the process of completing the required background check for Ms. Duncan.

R 400.15310

Resident health care.

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Findings: On 04/23/2025 I completed an onsite renewal inspection at the facility and reviewed the weight records for Resident A and Resident B. Said records indicated that Resident A and Resident B were not weighted November 2024, December 2024, and March 2025. While onsite, administrator Tracy Wood was present during the inspection and confirmed that Resident A and Resident B were not weighed during the above-mentioned dates.

Exit Conference: On 04/29/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

R 400.15312

Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Findings: On 04/23/2025 I completed an onsite renewal inspection at the facility and observed that the facility medication cart was left unlocked in the communal living room area. I subsequently observed Administrator Tracy Wood locked the medication cart after observing it left unlocked. Administrator Tracy Wood confirmed that she also observed the facility medication cart was left unlocked in the communal living room area. Ms. Wood confirmed that she locked the medication cart herself after observing it left unlocked.

Exit Conference: On 04/29/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

R 400.15312

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Findings: On 04/23/2025 I completed an onsite renewal inspection at the facility and reviewed Resident A's Medication Administration Records. I observed that Resident A is

prescribed Lacosamide 200 MG (Vimpat) twice daily. I observed that Resident A's MAR stated, "med must be given for controlling seizures" "no exceptions". I observed that on 01/11/2025 Resident A did not receive his second "5:00 PM" dose of said medication due to "med not available". I observed that on 01/12/2025 Resident did not receive a dose of said medication the duration of the day due to "med not available". I observed that on 01/13/2025 Resident A did not receive said medication in the morning due to said medication "not in cart". I observed that on 01/16/2025 Resident A did not receive his second "5:00 PM" dose of said medication due to "med not in".

Exit Conference: On 04/29/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

R 400.15312

Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(a) Be trained in the proper handling and administration of medication.

Findings: On 04/23/2025 I completed a renewal inspection onsite and reviewed Resident A and Resident B's Medication Administration Records. Said records indicated that staff Shanda Duncan administers residents' medications. A review of Ms. Duncan's file indicated that Ms. Duncan has not completed Medication Administration training. While onsite, regional operations director Amanda Beecham confirmed that the facility has not trained Ms. Duncan to administer residents' medications and there is no documentation in her file to indicate that she was trained in this area.

Exit Conference: On 04/29/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

Resident medications.

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

(f) Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given.

Findings: On 04/23/2025 I completed an onsite renewal inspection at the facility and reviewed Resident A's Medication Administration Records. I observed that Resident A is prescribed Lacosamide 200 MG (Vimpat) twice daily. I observed that Resident A's MAR stated, "med must be given for controlling seizures" "no exceptions". I observed that on 01/11/2025 Resident A did not receive his second "5:00 PM" dose of said medication due to "med not available". I observed that on 01/12/2025 Resident did not receive a dose of said medication the duration of the day due to "med not available". I observed that on 01/13/2025 Resident A did not receive said medication in the morning due to said medication "not in cart". I observed that on 01/16/2025 Resident A did not receive his second "5:00 PM" dose of said medication due to "med not cart". I observed that Resident A's MAR does not indicate that a medical provider was contacted to report that Resident A did not receive his prescribed Lacosamide on 01/11/2025, 01/12/2025, 01/13/2025, and/or 01/16/2025. While onsite administrator Tracy Wood stated that to her knowledge, no medical provider was contacted regarding Resident A not receiving his Lacosamide on 01/11/2025, 01/12/2025, 01/13/2025, and/or 01/16/2025.

Exit Conference: On 04/29/2025 I completed an Exit Conference via telephone with Licensee Designee Connie Clauson. Ms. Clauson stated that she did not dispute the findings and would submit an acceptable Corrective Action Plan.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



04/29/2025

Toya Zylstra
Licensing Consultant

Date