



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2026

Brian Nitz  
Baruch SLS, Inc.  
Suite 203  
3196 Kraft Ave. SE  
Grand Rapids, MI 49512

RE: License #: AL730301044  
Investigation #: 2026A0576014  
Stone Crest Senior Living-Wing A

Dear Brian Nitz:

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.
- 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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "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**

<b>License #:</b>	AL730301044
<b>Investigation #:</b>	2026A0576014
<b>Complaint Receipt Date:</b>	12/16/2025
<b>Investigation Initiation Date:</b>	12/18/2025
<b>Report Due Date:</b>	02/14/2026
<b>Licensee Name:</b>	Baruch SLS, Inc.
<b>Licensee Address:</b>	3196 Kraft Ave., SE Suite 203 Grand Rapids, MI 49512
<b>Licensee Telephone #:</b>	(616) 285-0573
<b>Administrator:</b>	Kendra Hall
<b>Licensee Designee:</b>	Brian Nitz
<b>Name of Facility:</b>	Stone Crest Senior Living-Wing A
<b>Facility Address:</b>	255 North Main, Freeland, MI 48623
<b>Facility Telephone #:</b>	(989) 695-5035
<b>Original Issuance Date:</b>	07/20/2009
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	01/20/2024
<b>Expiration Date:</b>	01/19/2026
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED ALZHEIMERS

**II. ALLEGATION(S)**

	<b>Violation Established?</b>
The facility has mice and bed bugs.	No
Staff are stealing residents' narcotic medications.	No
Staff are neglecting residents.	No
Additional Findings	Yes

**III. METHODOLOGY**

12/16/2025	Special Investigation Intake 2026A0576014
12/16/2025	APS Referral
12/18/2025	Special Investigation Initiated - Letter Sent email to Kathryn Dennis, Adult Protective Services (APS)
01/30/2026	Inspection Completed On-site Interviewed Home Manager Kendra Hall, Staff Melissa Sullivan, Cynthia Stratton, Kelsey Woodruff, Resident B, Resident C, Resident D, Relative E1, and viewed Resident A
02/04/2026	Contact - Document Received Reviewed documents
02/06/2026	Contact - Telephone Call Made Interviewed Relative F1
02/12/2026	Contact – Inspection Completed On-site Reviewed staff and resident records
02/12/2026	Exit Conference

**ALLEGATION:**

**The facility has mice and bed bugs.**

**INVESTIGATION:**

On January 30, 2026, I conducted an unannounced on-site inspection at the facility. The facility was observed to be neat and clean. Several staff, residents, and visitors were observed walking around and sitting at tables at the facility. The facility had a clean and pleasant smell. I inspected furniture in several sitting areas of the facility, the

dining room area, kitchen, and found no evidence of bed bugs or mice. I viewed 5 resident bedrooms and inspected the beds and chairs in the bedrooms. I found no evidence of bed bugs or mice.

On January 30, 2026, I interviewed Staff Kendra Hall who reported there was one resident who had bed bugs and it was believed her family brought them into the facility. The bugs were in Room 3 and the room was treated. The resident was provided with a new bed and there are no bed bugs in this room. Regarding mice, Manager Hall stated the facility is located near a river and mice have been seen before. For this reason, the facility has a monthly maintenance to address the mice. Rose Pest Control comes out monthly to treat the rodents and they put traps down.

On January 30, 2026, I interviewed Resident B in his bedroom. Resident B denied seeing bed bugs in his room or on his bed. Resident B's bed was inspected and there was no evidence of bed bugs.

On January 30, 2026, I interviewed Resident D in her bedroom. Resident D denied seeing any bugs in her bedroom or bed. Resident D denied seeing any rodents in her room or anywhere at her home.

On February 4, 2026, I reviewed a receipt from Abell Pest Control that indicated the facility was treated for bed bugs on December 19, 2025. Resident bedrooms were inspected and a treatment was provided. On January 6, 2026, and January 14, 2026, additional inspections and treatments were completed at the facility.

On February 4, 2026, I reviewed a contract between Rose Pest Control and Stone Crest Assisted Living. The contract indicated Rose Pest Control inspects the home monthly for ants, roaches, mice, and rats. Rose Pest control treats the facility when needed.

<b>APPLICABLE RULE</b>	
<b>R 400.645</b>	<b>Environmental health.</b>
	<b>(6) An insect, rodent, or pest control program must be maintained and carried out in a manner that continually protects the health of residents.</b>
<b>ANALYSIS:</b>	It was alleged that the facility has bed bugs and mice. Upon completion of investigative interviews and an inspection of the facility there is not a preponderance of evidence to conclude a rule violation.  An unannounced on-site inspection was conducted at the facility, and no mice or bed bugs were observed. Several areas of the home were inspected and there was no evidence of bugs or any rodents being present. Resident B and Resident D were interviewed and denied the facility has any bugs or mice. Documentation was provided and indicated the facility has been

	<p>treated for bed bugs in December 2025 and January 2026. The facility also has a monthly maintenance pest control service to address any pests.</p> <p>There is not a preponderance of evidence to conclude bed bugs or mice are present at the facility.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are stealing residents' narcotic medications.**

**INVESTIGATION:**

On January 30, 2026, I conducted an unannounced on-site inspection at Stone Crest Senior Living and interviewed Home Manager Kendra Hall who denied the allegations. Manager Hall reported that the allegations are likely from a disgruntled ex-employee. Manager Hall reported there are no issues with resident medications. No one is stealing medications and staff do medication counts on narcotic medications. None of the counts revealed any issue with resident medication.

On January 30, 2026, I interviewed Staff Melissa Sullivan who denied any knowledge of staff stealing resident medications. Staff Sullivan reported that staff do medication counts each shift and staff would know if something was wrong with medications or if any were missing. Staff Sullivan denied any concerns with resident medications.

On January 30, 2026, I interviewed Staff Cynthia Stratton regarding the allegations. Staff Stratton has been employed at the facility for one year and administers resident medication. Staff Stratton denied that medications are stolen or has never seen this occur. Staff do medication counts and there has never been any discrepancy that indicated medications being stolen.

On January 30, 2026, I interviewed Staff Kelsey Woodruff who denied any knowledge of the allegations. Staff Woodruff reported that medications are counted at 7am and 7pm. There has never been any indication that resident medications have been stolen.

On January 30, 2026, I interviewed Resident D who reported she is prescribed medications and staff administer them to her. Resident D reported she receives all her medications as prescribed and has no concerns with medications.

On February 12, 2026, I conducted an unannounced on-site inspection at the facility. I reviewed resident medications and the medication administration records. I found no

concerns or discrepancies. I also reviewed resident narcotic medications and records. I found no concerns or discrepancies regarding narcotic medications.

<b>APPLICABLE RULE</b>	
<b>R 400.675</b>	<b>Resident medications.</b>
	<b>(6) Prescription medication must not be used by a person other than the resident for whom the medication was prescribed.</b>
<b>ANALYSIS:</b>	<p>It was alleged that resident medications were stolen. Upon completion of an unannounced on-site inspection and investigative interviews there is not a preponderance of evidence to conclude a rule violation.</p> <p>The home manager and 3 staff were interviewed and denied that resident medication had been stolen. Staff report that medication counts are completed twice daily, and the counts have not revealed any issue with missing medication. Resident D was interviewed and denied concerns with her medications. Resident D reported that she receives all her medications as prescribed.</p> <p>There is not a preponderance of evidence to conclude resident medications are being stolen by staff.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Staff are neglecting residents.**

**INVESTIGATION:**

On January 30, 2026, I conducted an unannounced on-site inspection at Stone Crest Senior Living and interviewed Home Manager Kendra Hall who denied the allegations. Manager Hall reported that the allegations are likely from a disgruntled ex-employee. Manager Hall reported there are currently 18 residents, and they are taken care of very well. Residents are checked on every 2 hours and if the resident is incontinent, they are cleaned and changed. Staff treat residents well and she has not heard of any complaints from residents or staff that residents are being mistreated in any manner.

On January 30, 2026, I interviewed Staff Melissa Sullivan who denied any knowledge of the allegations, and she denied them being true. Staff Sullivan reported it is likely that the allegation came from an ex-employee. Staff Sullivan reported the residents who

reside at the facility are well taken care of and if she had any concerns she would report them. Staff Sullivan reported she showers residents, and she would know if residents were being neglected in any manner.

On January 30, 2026, I interviewed Staff Cynthia Stratton regarding the allegations. Staff Stratton denied that residents are neglected. Residents who require it are checked and changed every 2 hours and residents are not left soiled or unclean. If there were any concerns regarding residents Staff Stratton would report it. Staff Stratton reported she has “worked at sketchy places before and Stonecrest is not one.”

On January 30, 2026, I interviewed Staff Kelsey Woodruff who denied any knowledge of the allegations. Staff Woodruff denied the allegations and stated the residents are well-cared for. Some residents do not require much assistance with showering or hygiene, however, the ones that do receive it. Residents who are unable to use the restroom on their own are checked on every 2 hours. Residents are checked on and changed every 2 hours. Residents are never left in soiled briefs or clothing.

On January 30, 2026, I saw Resident A laying down in her bed. Resident A was resting comfortably and was not interviewed. Resident A did not appear to be under any duress. I went to Resident B’s room, and he was sitting in his chair watching television. Resident B’s bedroom was neat and clean. Resident B made a joke and smiled. Resident B was clean and did not appear to be under any duress.

On January 30, 2026, I interviewed Resident B who reported she likes her home and it is nice. Staff are nice and they help Resident B whenever she needs it. Resident B has no concerns with staff, and she receives breakfast, lunch, and dinner. Resident B receives enough to eat and staff who work at the facility keep it clean.

On January 30, 2026, I interviewed Resident D who reported she has lived at her home for 1 year it described it as nice. The staff who work at the facility are very good and they help her with showering and getting her ready for bed. Staff are respectful and nice. Resident D receives enough to eat, and staff launder her clothing, so she has clean clothes to wear. Resident D denied any concerns regarding her home.

On January 30, 2026, I interviewed Relative E1 who was sitting in a common area of the facility. Relative E1 reported Resident E is nearing end of life and the facility has done a good job of caring for Resident E. Relative E1 reported no concerns regarding staff or how Resident E has been cared for during the time he has lived at the home.

On February 6, 2026, I interviewed Relative F1 who reported no complaints or concerns regarding the facility or staff. Relative F receives wonderful care and Relative F1 had no concerns regarding neglect. Relative F reported they are very happy with the care Resident F is being provided at her home.

<b>APPLICABLE RULE</b>	
<b>R 400.681</b>	<b>Resident rights; licensee responsibilities.</b>
	<b>(1) A resident shall be treated with dignity and respect, free from exploitation, and protected and safe.</b>
<b>ANALYSIS:</b>	<p>It was alleged that residents are neglected. 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>Residents and staff were interviewed and denied that residents are neglected in any manner. Residents report that home has good staff and they provide good care including medication administration, meals, laundry, showering, and housekeeping. Relatives were interviewed and denied any concerns regarding neglect or the care residents are receiving at the facility.</p> <p>There is not a preponderance of evidence to conclude that residents are not treated with dignity and respect or that they are not protected and safe.</p>
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ADDITIONAL FINDINGS:**

**INVESTIGATION:**

An unannounced on-site inspection was completed on February 12, 2026, and a review of staff files, staff schedule, and the Michigan Workforce Background Check (WBC) System was completed. There were 4 staff on the schedule, Barbara Walton, Kelsey Woodruff, Matthew Grimm, and Nevaeh Pauls who had no verification of criminal history checks being completed prior to beginning employment at the facility.

On February 12, 2026, an exit conference was conducted with Licensee Designee Brian Nitz. I advised Licensee Designee Nitz of the findings of my investigation and that I would be citing one rule violation and requesting a corrective action plan. Licensee Designee Nitz advised he would provide a corrective action plan and get the needed checks completed right away.

<b>APPLICABLE RULE</b>	
<b>MCL 400.734b</b>	<p><b>Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.</b></p>
	<p><b>(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or she is no longer exempt and shall be terminated from employment or denied employment.</b></p>

<b>ANALYSIS:</b>	An unannounced on-site inspection was completed on February 12, 2026, and a review of staff files, staff schedule, and the Michigan Workforce Background Check (WBC) System was completed. There were 4 staff on the schedule, Barbara Walton, Kelsey Woodruff, Matthew Grimm, and Nevaeh Pauls who had no verification of criminal history checks being completed prior to beginning employment at the facility.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, I recommend no change to the license status.



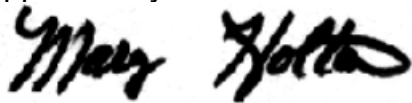
2/12/2025

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Christina Garza  
Licensing Consultant

Date

Approved By:



2/12/2025

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Mary E. Holton  
Area Manager

Date