



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 31, 2026

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

RE: License #: AL410289604  
Investigation #: 2026A0583029  
Stonebridge Manor - South

Dear Mr. 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.
- 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) 356-0100.

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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410289604
<b>Investigation #:</b>	2026A0583029
<b>Complaint Receipt Date:</b>	03/26/2026
<b>Investigation Initiation Date:</b>	03/26/2026
<b>Report Due Date:</b>	04/25/2026
<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) 588-9131
<b>Administrator:</b>	Jennifer Marckini
<b>Licensee Designee:</b>	Brian Nitz
<b>Name of Facility:</b>	Stonebridge Manor - South
<b>Facility Address:</b>	3515 Leonard NW Walker, MI 49534
<b>Facility Telephone #:</b>	(616) 791-9090
<b>Original Issuance Date:</b>	10/22/2012
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/19/2025
<b>Expiration Date:</b>	05/18/2027
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, AGED, ALZHEIMERS



## II. ALLEGATION(S)

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

## III. METHODOLOGY

03/26/2026	Special Investigation Intake 2026A0583029
03/26/2026	Special Investigation Initiated - On Site
03/27/2026	APS Referral
03/30/2026	Exit Conference Licensee Designee Brian Nitz

**ALLEGATION: The facility is insufficiently staffed.**

**INVESTIGATION:** Complaint allegations were received on 03/26/2026 and it is alleged that on 03/21/2026, staff Adrienne Langlois left the residents alone and with no staff present.

On 03/26/2026 I interviewed staff Emaynii Diyson in person. Ms. Diyson stated that she worked at Yorkshire Manor - West AL410289605 from 03/20/2026 11:00 PM until 03/21/2026 7:00 AM. She stated that Ms. Langlois worked at Stonebridge Manor - South AL410289604 independently from 03/20/2026 11:00 PM until 03/21/2026 7:00 AM. She stated that on 03/21/2026 at approximately 7:00 AM she requested Ms. Langlois's assistance at Yorkshire Manor – West and Ms. Langlois left Stonebridge Manor South for approximately ten minutes. Ms. Diyson stated that it is common practice for staff to leave their assigned facility to assist other facilities that are "short-staffed", even if it means leaving residents in building with no staff present.

On 03/26/2026 I completed an unannounced onsite investigation at the facility and privately interviewed administrator Jennifer Marckini. Ms. Marckini stated that Ms. Langlois worked independently from 03/20/2026 11:00 PM until 03/21/2026 7:00 AM and eighteen residents were present. She stated that she has informed staff not to leave their facilities to assist staff at other facilities and it has been a repeated issue that administration is addressing.

On 03/27/2027 I completed an Adult Protective Services complaint via the online portal.

On 03/30/2026 I interviewed Ms. Langlois via telephone. She confirmed that she worked independently at the facility on 03/20/2026 11:00 PM until 03/21/2026 7:00 AM. She stated that at approximately 6:45 AM, she left the facility to assist Ms. Diyson at Yorkshire Manor - West AL410289605. She stated that she was gone for approximately 10 minutes and no staff were left at the facility while she was gone.

On 03/30/2026 I completed an exit conference via telephone with licensee designee Brian Nitz. He stated that he did not dispute the findings and would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.633</b>	<b>Staffing requirements.</b>
	<b>(1) A licensee shall always have sufficient direct care staff on duty for the supervision, personal care, and protection of residents and to provide the services specified in a resident's assessment plan, health care appraisal, and resident care agreement. At a minimum, the ratio of direct care staff to residents must not be less than 1 direct care staff to either of the following: (a) 15 residents during waking hours or 20 residents during sleeping hours for large group homes and congregate facilities.</b>
<b>ANALYSIS:</b>	Staff Emaynii Diyson and staff Adrienne Langlois stated that on 03/21/2026, Ms. Langlois left 18 residents alone at the facility for approximately ten minutes.  A preponderance of evidence was discovered during the special investigation to substantiate violation of the applicable rule. On 03/21/2026 Ms. Langlois left eighteen residents alone without staff present.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDING: Resident A and Resident B's assessment plans are incomplete.**

**INVESTIGATION:** On 03/30/2026 I received an email from Ms. Marckini which included Resident A and Resident B's assessment plans. Resident A's assessment plan was written on 08/10/2025 but lacks the required signatures of the licensee designee and legal decision maker. Resident B's assessment plan was written on 04/10/2025 but lacks the required signatures of the licensee designee and legal decision maker.

On 03/30/2026 I received an email from Ms. Marckini which stated, “(Resident A) and (Resident B’s) assessment plans “were put in their files without signature” and Ms. Marckini is “currently working on getting them signed”.

On 03/30/2026 I completed an exit conference via telephone with licensee designee Brian Nitz. He stated that he did not dispute the findings and would submit an acceptable Corrective Action Plan.

<b>APPLICABLE RULE</b>	
<b>R 400.685</b>	<b>Resident admission; resident assessment plan; resident care agreement; health care appraisal.</b>
	<b>(4) A written assessment plan must be completed with and signed by the resident or the resident's designated representative, responsible agency if applicable, and the licensee at the time of admission and annually thereafter. A licensee shall maintain a copy of the resident's most recent assessment plan on file at the facility for up to 2 years after discharge.</b>
<b>ANALYSIS:</b>	Resident A’s assessment plan was written on 08/10/2025 but lacks the required signatures of the licensee designee and legal decision maker. Resident B’s assessment plan was written on 04/10/2025 but lacks the required signatures of the licensee designee and legal decision maker.  A preponderance of evidence was discovered to substantiate a violation of the applicable rule. Resident A and Resident B’s assessment plans lack the required signatures of the licensee designee and legal decision maker.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

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



03/31/2026

\_\_\_\_\_  
Toya Zylstra  
Licensing Consultant

\_\_\_\_\_  
Date

Approved By:

*Jerry Hendrick*

03/31/2026

---

Jerry Hendrick  
Area Manager

Date