



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 8, 2022

Louis Andriotti, Jr.
IP Vista Springs Timber Ridge Opco, LLC
Ste 110
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AL190383347
Investigation #: 2022A0577045
Vista Springs Terraces at Timber Ridge

Dear Mr. Andriotti, Jr.:

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 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 (231) 922-5309.

Sincerely,

A handwritten signature in cursive script that reads "Bridget Vermeesch".

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
1919 Parkland Drive
Mt. Pleasant, MI 48858-8010
(989) 948-0561

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL190383347
Investigation #:	2022A0577045
Complaint Receipt Date:	06/16/2022
Investigation Initiation Date:	06/16/2022
Report Due Date:	08/15/2022
Licensee Name:	IP Vista Springs Timber Ridge Opco, LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(303) 929-0896
Administrator:	Jenny Bishop
Licensee Designee:	Louis Andriotti, Jr.
Name of Facility:	Vista Springs Terraces at Timber Ridge
Facility Address:	16260 Park Lake Road East Lansing, MI 48823
Facility Telephone #:	(517) 339-2322
Original Issuance Date:	11/14/2016
License Status:	REGULAR
Effective Date:	05/14/2021
Expiration Date:	05/13/2023
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Employees are not completing tuberculosis tests and physicals upon hire.	Yes
Direct care staff are sleeping while working third shift.	No
Staff are vaping in the buildings and smoking marijuana on the property during their break times.	No
Resident A had wounds that were not attended during Resident A's stay at the facility.	No
Staff have left the property with the medication cart keys and medications were not able to be administered as prescribed.	No
Direct care staff are not being trained in passing medications prior to performing the job duty.	No
Medications are being left unattended on the dining room table next to the residents.	No
Resident A was not fed lunch or dinner on the day Resident A moved into the facility going over 14 hours without a meal.	No
Resident A went two weeks without receiving a shower after moving into the facility.	No
Fire drills are not being completed as required.	No
Facility has had bedbugs for four years that are not being treated.	No
Resident A's bathroom did not have any hand soap available during her stay at the facility.	No

III. METHODOLOGY

06/16/2022	Special Investigation Intake 2022A0577045
06/16/2022	Special Investigation Initiated - Telephone Leslie Herrguth, AFC Licensing Consultant interviewed Complainant.
06/23/2022	Contact - Telephone call made Interview with Complainant.

06/23/2022	Inspection Completed On-site Physical Plant inspection, reviewed records, interviewed residents and staff.
06/23/2022	Contact - Document Received Video of Bed Bugs on Residents bed.
06/23/2022	Contact - Document Received Staff names and contact numbers.
06/23/2022	Contact - Document Received Photos of residents with medications next to them.
06/27/2022	Contact - Document Received Email from Jenny Bishop with staff sleeping policy.
06/28/2022	Contact-Document Received Staff Files.
06/30/2022	Contact-Telephone call made Interview with Relative A1.
07/01/2022	Contact-Telephone call Made Griffin Extermination.
07/05/2022	Contact-Document Received Interview with staff from Jana Lipps, AFC Consultant.
07/06/2022	Contact- Document Received Email to Jenny Bishop, Administrator and requested/received documents, assessment plan, care logs, and progress notes.
07/08/2022	Contact-Telephone call Made Interview with staff.
07/12/2022	Inspection completed on-site Reviewed files and completed additional interviews.
07/12/2022	Contact-Telephone call made Interview with DCS.
07/13/2022	Contact- Documents Received Copies of current fire drills.
07/13/2022	Contact-Telephone call made Interview with Resident A.

07/15/2022	Exit Conference with licensee designee Lou Andriotti.
07/18/2022	Contact-Telephone call received from Kristina Djelevec, DCS.
07/21/2022	Contact-Telephone call made- Interview with Kristina Djelevec, DCS.

ALLEGATION: Employees are not completing tuberculosis testing and physicals upon hire.

INVESTIGATION:

On June 16, 2022, the complaint received reported new employees are not completing tuberculosis (TB) testing and physicals upon hire.

On June 23, 2022, Complainant was interviewed and reported Susan Odell, previous Administrator, did not have a current tuberculosis test and physical completed upon hire. Complainant reported new hire direct care staff members are not having TB testing or physicals completed upon being hired. Complainant reported Susan Odell is no longer employed at the facility.

On June 23, 2022, during the unannounced onsite investigation I reviewed six current employee files and found the six employee files had current TB tests and medical clearances/physicals completed upon hire. Administrator Jenny Bishop provided me with a copy of the current staff schedule which documented the facility has 28 direct care staff.

On June 29, 2022, administrator Jenny Bishop and assistant administrator Kaitlyne Dobson emailed twelve direct care staff employee files containing current TB tests and physical/medical clearances. Ms. Bishop also provided a copy of previous administrator Susan Odell's file which did not have a current TB test result or physical located in it. Ms. Bishop also provided me with a copy of Ms. Odell's termination letter verifying Ms. Odell is no longer employed with Vista Springs as of June 06, 2022.

On July 05, 2022, Jana Lipps, Adult Foster Care Licensing Consultant reported on July 01, 2022, she interviewed direct care staff (DCS), Jamie LaClair, via telephone. Ms. LaClair reported that she began working for the Vista Springs facilities around January 05, 2022. Ms. LaClair reported she works shifts in the Terrace and Rediscovery facilities and was given a pre hire physical and TB test before she began working the floor.

On July 08, 2022, I left voicemail messages with DCS Jessica Kalka and Madison Pride with no return phone call. On July 12, 2022, left a message with DCS Emma Locke with no return phone call.

On July 08, 2022, DCS Patience Howe who reported she has completed a TB test multiple times as her testing requires X-Ray to be done. Ms. How reported she completed a physical upon hire and annually completed a health review or physical when requested. I also interviewed DCS Autumn Boyd who reported she completed a TB test and physical upon hire.

On July 12, 2022, I completed an additional unannounced onsite investigation and reviewed the remaining staff files from the staff schedule that was provided on June 29, 2022. I reviewed the staff files for Jonna Baldwin, Kayla Buzzo, Autumn Boyd, Patience Howe, Jamie LaClair, Sarah Parker, and Fatamata Swaray for completed TB tests and employee physicals. Physicals were found to be completed on all staff but TB tests had not been completed on the following staff, Jonna Baldwin, Kayla Buzzo, Autumn Boyd, Patience Howe, Jamie LaClair, Sarah Parker, and Fatamata Swaray

APPLICABLE RULE	
R 400.15205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days

	<p>of an individual's employment, assumption of duties, or occupancy in the home.</p> <p>(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.</p>
ANALYSIS:	<p>It has been found, Susan O'Dell, Administrator did not have a current physical or TB test while employed with the facility.</p> <p>Direct care staff are required to have tuberculosis test obtained before employment or assumptions of duties and physical 30 days within employment and based on the information gathered during the investigation, it has been found Jonna Baldwin, Kayla Buzzo, Autumn Boyd, Patience Howe, Jamie LaClair, Sarah Parker, and Fatamata Swaray have not completed testing for tuberculosis despite being currently employed and providing care to residents.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Direct care staff are sleeping while working third shift.**
- **Staff are vaping in the buildings and smoking marijuana on the property during their break times.**

INVESTIGATION:

The complaint received on June 16, 2022, reported direct care staff members sleep while working third shift. The complaint also reported staff and management vape while in the office and staff have been caught smoking marijuana while on the property.

On June 23, 2022, I interviewed Complainant who initially reported three staff were all found sleeping at different times while working third shift during March 2022. The Complainant later reported direct care staff were actually found sleeping at a different building on campus and no staff had been found sleeping in Terrace.

Complainant reported they did not witness management vaping in their offices or staff smoking marijuana while on property and stated, "I overheard conversations about this occurring, but no names were mentioned." Complainant reported the vaping supposedly happened when management was in the office at another facility on the property. Complainant reported cameras were put up outside of the buildings to see if staff are smoking outside on the property. Complainant reported Randy Morgan, Residential Services Director, has been made aware of staff smoking marijuana.

During my unannounced onsite investigation on June 23, 2022, I interviewed administrator Jenny Bishop who reported a short time after she became administrator herself, she and assistant administrator Katelyn Dobson did a walkthrough of the buildings during third shift because it has been reported to her direct care staff members were sleeping during third shift. Ms. Bishop stated one direct care staff members was found sleeping that direct care staff member was given a written reprimand and put on notice if it happens again it will lead to termination. Ms. Bishop reported at one of the staff meetings they went over the personal policy regarding sleeping and all staff have resigned the personal policy.

On June 23, 2022, I interviewed Katie Noiles, Wellness Director, who reported she resides on campus and does surprise rounds throughout the buildings and has not found any staff sleeping or staff smoking/vaping on the property.

On June 23, 2022, I interviewed Randy Morgan, Residential Services Director, who reported he is in the buildings early in the morning and does pop-ins during the nights and has not witnessed any direct care staff sleeping during their shift in over a year. Mr. Morgan reported it has not been brought to his attention of this happening and nor has he suspected or witnessed any form of staff vaping or smoking marijuana. Mr. Morgan reported the cameras were installed on the outside of the buildings after the incident where the resident was locked outside, not due to suspicion of staff smoking on the property.

On June 27, 2022, administrator Jenny Bishop provided a copy of Vista Springs Personal Policy addressing sleeping on duty which may lead to disciplinary action, verbal and/or written warning, suspension, and possible termination of employment.

On July 05, 2022, Jana Lipps, AFC Consultant, reported on July 01, 2022, during her interview with Ms. LaClair, she denied observing direct care staff sleeping in any of the buildings. Ms. LaClair reported that she was not aware of any staff members who vape or smoke on the property or in the facilities, nor has she heard rumors of this happening.

On July 08, 2022, I interviewed DCS members Patience Howe and Autumn Boyd who reported no one sleeps while working third shift with them. Ms. Howe and Ms. Boyd both denied sleeping while working. Ms. Howe reported this use to happen often, but since Jenny Bishop has become the Administrator, this no longer happens

and if staff are found sleeping, they are written up. DCS members Patience Howe and Autumn Boyd reported the facility has a no smoking policy on the property and they not witnessed anyone vaping while in the building nor have they suspected anyone being under the influence of marijuana or smoking marijuana while working.

On July 12, 2022, I interviewed DCS members Alexia Garza and Sara Heinritz who both denied observing direct care staff sleeping while working. Ms. Garza and Ms. Heinritz reported they worked third shift while employed at the facility and denied sleeping while working. Ms. Garza and Sara Heinritz denied the allegations of staff smoking marijuana or vaping while in the building or on the property.

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:	<p>There was no evidence found to support the allegations of staff vaping while in the facilities and staff smoking marijuana while at work. It has been determined the residents are treated with dignity and provided protection and safety.</p> <p>Jenny Bishop, Administrator did find a staff sleeping during their shift and responded immediately by writing the staff up and conducting a staff meeting. Since the staff meeting, there was insufficient evidence found to support the allegations of direct care staff sleeping during their shifts moving forward. It has been found staff are providing supervision, safety and protection to residents while working.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A's had wounds that were not attended during Resident A's stay at the facility.

INVESTIGATION:

On June 16, 2022, the complaint alleged Resident A had wounds that were not addressed upon moving into the facility for respite care.

On June 23, 2022, Complainant reported Resident A had cellulitis on her legs when she moved into the facility. Complainant reported Resident A's legs began to weep due to swelling and care was not provided.

On June 30, 2022 I interviewed Relative A1 who reported Resident A is obese and has cellulitis on her legs. Relative A1 reported Resident A is prone to swelling in her legs which will cause the skin to break open and weep. Relative A1 reported Resident A's legs did swell and she developed wounds on her legs that were addressed appropriately by direct care staff and facility physician.

On July 06, 2022, I contacted administrator Jenny Bishop who provided me with a copy of Resident A's *Assessment Plan for AFC Residents* which documented upon admission Skin/Wound Treatment- Simple (Skin tear, abrasions, rash, or other chronic skin conditions) with no specific instructions or concerns documented.

On July 08, 2022, DCS members Patience Howe and Autumn Boyd both reported they only worked with Resident A couple of times and Resident A did not have any wounds that required medical treatment or specialized care during her stay at the facility.

On July 12, 2022, I interviewed Alexia Garza who reported she completed a skin audit on Resident A upon Resident A moving on February 11, 2022 and does not remember Resident A having any wounds or in need of any special care. DCS Sara Heinritz reported Resident A did not have any open wounds or sores requiring special care.

On July 13, 2022, I interviewed Resident A who reported she did not have any sores on her legs when she moved into the facility. Resident A reported she did not have any wounds or require any special care during her stay at the facility.

APPLICABLE RULE	
R 400.15310	Resident health care.
	(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: (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.

ANALYSIS:	Based on the information gathered during the investigation, it has been found Resident A did not have any wound or sores requiring special medical attention during her stay at the facility. The facility was able to provide the needed care to Resident A while at the facility and no additional care was needed or instructions for specific care were provided by any health care professional pertaining to Resident A's health.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Staff have left the property with the medication cart keys and medications were not able to be administered as prescribed.

INVESTIGATION:

On June 16, 2022, the complaint reported on multiple occasions DCS member Jessica Kalka left the property with the keys to the medication cart so medications were not able to be administered due to the medication cart being locked making the medications not accessible.

On June 23, 2022, Complainant reported on April 20, 2022, DCS Jessica Kalka left the property with the keys to the medication cart and the backup set could not be located. Complainant reported multiple calls were made to Ms. Kalka with no response. Complainant reported the lock on the medication cart was picked and medications were administered.

On July 05, 2022, Jana Lipps, AFC Consultant, reported on July 01, 2022, she interviewed Ms. LaClair regarding her involvement in an incident that occurred in April 2022 when it was reported that an employee left the facility with the medication cart keys and they were not able to access or administer medications. Ms. LaClair reported that she was called in to work a shift in the Terrace building that day due to short staffing. Ms. LaClair reported she went to the medication cart to administer the 8pm medications and she was not able to gain access to the cart as the keys were gone. Ms. LaClair reported she went to the Rediscovery building to find DCS Jessica Kalka to obtain keys from her but Ms. Kalka had left the building with the medication cart keys and could not be contacted via telephone. Ms. LaClair reported the incident to Susan Odell Administrator and an on-call nurse arrived to open the med cart at Terrace around 9:15pm. Ms. LaClair reported she was able to pass the evening medications. DCS LaClair reported Ms. Kalka returned to the facility around 10pm. Ms. LaClair could not provide a definitive answer on what date this incident occurred.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.
ANALYSIS:	DCS Jessica LaClair recalled an incident when the medication cart keys were not readily available but another set was brought to the facility so she was able to administer medications. There was no evidence found to support the allegations of residents not receiving their medications due to staff not being able to access the medications.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Direct care staff are not being trained in passing medications prior to performing the job duty.**
- **Medications are being left unattended on the dining room table next to the residents.**

INVESTIGATION:

The complaint received on June 16, 2022, reported employees were not trained to pass medications and throw on the floor to administer medications. The complaint stated, "I know because I had to work the cart and never had one minute of training."

On June 23, 2022, I interviewed Complainant who reported they had to cover shifts as a direct care staff and pass medications but had not been trained at Vista Springs Terraces at Timber Ridge. Complainant reported they had medication

administration training at a previous job but did not receive updated training or refresher course from current employment at Vista Springs Terraces at Timber Ridge. Complainant reported being competent in passing medications but believes all staff should be retrained at every facility in the policy and procedures in passing medications at their current facility and this is not happening.

On June 23, 2022, during the onsite investigation I reviewed six employee files, two of which were direct care staff trained to pass medications and determined they received appropriate training. Administrator Jenny Bishop provided me with a copy of the current staff schedule which documented the facility has 28 direct care staff, 15 of which are trained in passing medications.

On June 23, 2022, I interviewed administrator Jenny Bishop who reported since becoming the administrator in April 2022 all new hire direct care staff hired as a medication technician have been trained by attending a medication administration class administered by a Licensed Practical Nurse or Registered Nurse. Ms. Bishop reported the class runs around four hours long and consists of lectures, video/power point and hands on training. Ms. Bishop reported once staff have completed the class, they shadow a trained staff for three or four times and then a manager signs off that the staff is proficient/competent in passing medications.

On June 29, 2022, Jenny Bishop, Administrator, and Kaitlyne Dobson, Assistant Administrator, emailed twelve staff files, six of the files were for staff who are scheduled as medication technicians at Terrace which contained verification of medication training. The other six staff files were for staff who work in a different building on the campus.

On July 05, 2022 Ms. Lipps, AFC Consultant reported Ms. LaClair reported she received medication administration training before she began her first shift and administering medications. Ms. LaClair reported she has not witnessed any staff putting medications in cups and leaving them in the residents bedrooms or at the dining room table. Ms. LaClair reported she has not witnessed any staff leave medications unattended at any time while she has been working.

On July 12, 2022 during my second onsite investigation I reviewed the remaining six employee files of staff who are currently scheduled as direct care staff-medication technicians and verified the staff were trained in passing medications.

On July 08, 2022, DCS Patience Howe reported she is trained in medication administration and has been trained a couple of times due to leaving employment and returning. Ms. Howe reported she did not pass medications prior to being trained. Ms. Howe reported her training consisted of a class, a test and being supervised multiple times while passing medications. Ms. Howe reported she is not aware of staff passing medications without training. DCS Autumn Boyd reported she was trained on medication administration prior to passing medications to

residents. Ms. Boyd reported she not aware of any staff not being trained in medication administration prior to passing medications.

APPLICABLE RULE	
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: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	It has been determined the current 15 direct care staff trained in passing medications have received training in the proper handling and administration of medication. There was no evidence found to support the allegation of staff passing medication prior to being properly trained.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A was not fed lunch or dinner on the day Resident A moved into the facility going over 14 hours without a meal.

INVESTIGATION:

On June 16, 2022, the complaint reported Resident A had not been fed lunch or supper on the day Resident A was admitted into the facility.

On June 23, 2022, Complainant reported Resident A moved into the facility in February or March of 2022 for respite and was not fed dinner on the day Resident A moved in.

On June 30, 2022, I interviewed Relative A1 who reported Resident A moved into the facility in February 2022 but was not sure of the specific day. Relative A1 reported she was told by a staff and Resident A that Resident A was not fed any

meal until breakfast, the following morning after moving in. Relative A1 reported they were not at the facility on the day Resident A moved in.

On July 06, 2022, I contacted administrator Jenny Bishop who reported Resident A moved into the facility on February 11, 2022 and moved out of the facility on February 27, 2022. Ms. Bishop reported she was not employed with the company at the time Resident A resided at the facility but provided copies of Resident A's *Care History, Observation Record and Assessment Plan for AFC Residents* which documented Resident A does not require any assistance with eating and in the documentation that was provided there was no specific information pertaining to Resident A being fed.

On July 08, 2022, I interviewed Jason Ormand, Culinary Service Director who reported he was not aware of Resident A not being fed on February 11, 2022. Mr. Ormand reported this is the first he has heard of this incident, that no one has mentioned this happening to him.

On July 12, 2022, I interviewed Alexia Garza who reported she was working on February 11, 2022, the day Resident A was admitted. Ms. Garza reported Resident A was admitted late in the afternoon, around supper time. Ms. Garza reported there were a lot of people in and out of Resident A's bedroom and Ms. Garza reported she does remember asking Resident A if she would like to go to the dining room to get something to eat and get acquainted with other residents but Resident A did not want to go to the dining room. I also interviewed DCS Sara Heinritz who reported she provided Resident A with a sandwich due to Resident A being hungry. Ms. Heinritz reported they were not aware of Resident A not eating supper rather she only knew Resident A was hungry.

On July 13, 2022 I interviewed Resident A who reported she moved into the facility after 4:00pm on a Friday in February. Resident A reported she had eaten lunch at her prior facility before moving in. Resident A reported she was not offered supper or at least does not remember being offered supper. Resident A reported around 9:00pm Resident A told staff she was hungry and staff provided her with a sandwich. Resident A reported she was served breakfast the following morning around 8:00am.

APPLICABLE RULE	
R 400.15313	Resident nutrition.
	(1) A licensee shall provide a minimum of 3 regular, nutritious meals daily. Meals shall be of proper form, consistency, and temperature. Not more than 14 hours shall elapse between the evening and morning meal.

ANALYSIS:	Based on the information gathered during the investigation Resident A moved into the facility on February 11, 2022, after 4:00pm so lunch had already been served. Resident A reported around 9:00pm she was provided a sandwich when staff were made aware of Resident A being hungry. Resident A reported they had eaten lunch prior to moving in and then was served a full breakfast around 8:00am. Resident A reported she does not remember being offered supper even though direct care staff stated differently. There was no evidence found of Resident A going more than 14 hours without a meal.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A went two weeks without receiving a shower after moving into the facility.

INVESTIGATION:

On June 16, 2022, the complaint received reported Resident A did not receive a shower for two weeks while residing at the facility.

On June 30, 2022, I interviewed Relative A1 who reported Resident A moved into the facility in February 2022 and then moved out in March 2022. Relative A1 reported during the four weeks Resident A was at the facility, Resident A was not showered.

On July 06, 2022, administrator Jenny Bishop reported Resident A was admitted into the facility on February 11, 2022 and was discharged on February 27, 2022. Ms. Bishop reported she was not employed with the company at the time Resident A resided at the facility and cannot provide specifics but provided copies of Resident A's *Care History, Observation Record and Assessment Plan for AFC Residents* which documented Resident A required assistance with bathing, partial hands-on assistance with some aspect of bathing, and may require assistance getting in and out of the shower/tub. On Resident A's Care History, it was documented Resident A received grooming and personal hygiene on February 19, 23, and 27, 2022. Ms. Bishop reported this usually consists of a shower or sponge/bed bath.

On July 08, 2022, DCS Patience Howe reported the facility has a bathing/shower schedule and residents are bathed at least two times a week and can be bathed as often as they would like. Ms. Howe reported residents have the right to refuse baths/showers also. Ms. Howe reported she does remember Resident A going without being showered or sponge bathed.

On July 08, 2022, I interviewed DCS Autumn Boyd who reported she remembers providing Resident A with a sponge bathe. Ms. Boyd reported she did not provide

Resident A with a shower while Resident A was at the facility. Ms. Boyd reported if a resident is not showered, they are provided a sponge bath daily and or showered two times a week.

On July 12, 2022, I interviewed Alexia Garza who reported Resident A was able to bath herself but needed assistance with walking to the bathroom. Ms. Garza reported she did not personally shower Resident A during Resident A’s stay at the facility and cannot confirm or deny of Resident A being bathed during her two weeks stay at the facility. DCS Sara Heinritz reported she did not personally bath Resident A due to Ms. Heinritz working third shift. Ms. Heinritz reported she was not able to report when or if Resident A was provided personal care of bathing during her stay at the facility.

On July 13, 2022 I interviewed Resident A who reported she was only at the facility for a couple of weeks and the bedroom she was in did not have a shower, only had a commode and sink. Resident A reported she did not get a shower while at the facility but is unsure if she were offered a shower, stating, “I do not believe I would decline being showered, but I do not remember exactly.” Resident A reported she does not remember if she was provided a sponge bath or not during her stay at the facility but thinks she did.

APPLICABLE RULE	
R 400.15314	Resident hygiene.
	(1) A licensee shall afford a resident the opportunity, and instructions, when necessary, for daily bathing and oral and personal hygiene. A licensee shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	There has been insufficient evidence found during this investigation to support the allegations of Resident A not being bathed or provided personal hygiene during her stay at the facility. It has been determined Resident A was afforded the opportunity to be bathed as necessary during her stay at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Fire drills are not being completed as required.

INVESTIGATION:

The complaint received on June 16, 2022 reported fire drills are not being completed.

During my onsite investigation on June 23, 2022, I reviewed fire drills for the current 2022 year and 2021 year and found required fire drills had been completed except for the months April and May of 2021 in which the facility was quarantining due to having a COVID-19 outbreak and did discuss fire drills to ensure the safety of residents from the spread of COVID-19.

On June 23, 2022 I interviewed Randy Morgan, Residential Services Director who reported he is in attendance of all fire drills. Mr. Morgan explained the fire drill procedure reporting he sets the alarms off, the staff goes to the panel to determine the location of the fire, and calls 911, while the other staff start evacuating residents and then both staff complete evacuation by getting residents to meeting area. Mr. Morgan stated staff also checks under beds, closets and bathrooms when evacuating residents, staff will put a piece of clothing on the room door handle verifying the room has been fully checked and evacuated, staff will grab laptop, paper Medication Administration Record (MAR), guest registry, take attendance and then take residents/guests to other building for safety. Mr. Morgan reported fire drills are completed at each facility monthly, one during each shift ranging from 7:00am-3:00pm, 3:00pm-11:00pm, and 11:00pm-7:00am. Mr. Morgan reported they have a computer program that will alert Mr. Morgan when a required fire drill is needed. Mr. Morgan reported the staff are trained in fire evacuation and safety upon hire by watching a DVD training, policy and procedures, tour of all buildings, how to use a fire extinguisher, pull stations and panel. Mr. Morgan explained the "discussion" fire drills happened when the facility had Covid-19 positive residents. Mr. Morgan stated the discussions included a meeting with direct care staff to go over the policy and procedures of a fire drill, question and answer and then do a mock drill without removing the residents from the facility due to the residents quarantining or social distancing.

On June 23, 2022 I interviewed Jenny Bishop, Administrator and Katie Noiles, Wellness Director who reported fire drills are completed monthly and they make drills as real as possible. Ms. Noiles, Wellness Director reported she has in attendance and supervised many fire drills due to living on campus. Consultation was provided to Ms. Bishop regarding the recent turn over in staff to ensure moving forward all staff have an opportunity to participate in a fire drill over the next couple of months.

On July 07, 2022 Jana Lipps, AFC Consultant reported when she interviewed Mr. LaClair, DCS reported that she has been present at the facility when they have conducted fire drills. Ms. LaClair reported the staff and the residents appeared to know what was happening and responded appropriately during the fire drills she has participated in.

On July 08, 2022, DCS members Patience Howe and Autumn Boyd both reported the facility completes fire drills monthly, at all different times, and they have participated in fire drills in all of the buildings.

On July 12, 2022, I interviewed DCS members Alexia Garza and Sara Heinritz who both reported they participated in emergency drills for fire and tornado on multiple occasions during their employment at the facility.

During our second onsite investigation on July 12, 2022, Randy Morgan, Residential Services Director reported Cory Irvin, Bureau Fire Services Inspector (BFS) advised the facility to not complete physical fire drills when the facility has a COVID-19 positive residents due to not being able to social distance residents during the fire drill and the requirement of quarantining Covid-19 positive residents. Mr. Morgan reported in October of 2021 when Mr. Irvin, BFS completed his inspection advised the facility to return to full fire drills and evacuations. Jenny Bishop, Administrator reported the have conducted four fire drill trainings for all staff to include presentation, demonstration, and evaluation of fire drills.

On July 12, 2022, Leslie Herrguth, Adult Foster Care Licensing Consultant contacted Cory Irvin, BFS who reported he advised the facility administration on October 11, 2021, they needed to start completing full fire drills again as they are required to do, unless they had an active Covid-19 outbreak. In those circumstance the facility should follow the procedures outlined by licensing to avoid cross contamination of the residents. Per the departments “Questions and Answer” Covid-19 protocol, the fire drill advisement was as follows: “Drills may be modified for isolation areas to ensure proper infection control. For example, if a resident is under quarantine within the facility, that resident is not expected to participate. However, the remainder of facility must conduct drills as normal. Patient isolation areas that are not part of the drill should be documented and additional documented staff training should be implemented for those areas. BFS inspectors are available to you to assist in determining appropriate drill procedures for your facility.”

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

ANALYSIS:	During the investigation there was no evidence found to support that fire drills were not being completed. Upon review of fire drill practice and procedures during my onsite investigation on June 23, 2022, fire drills for current 2022 and year 2021 had been completed with records maintained of drills during daytime, evening, and sleeping hours at least once per quarter. During the months of April and May 2021, the facility was quarantining due to positive Covid-19 and the facility completed staff discussion drills per the advisement of BFS Inspector Cory Irvin.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Facility has had bedbugs for four years that are not being treated.

INVESTIGATION:

On June 16, 2022, a complaint was received reporting the facility currently has bedbugs and has had bedbugs for four years. The complaint reported the bedbugs are not being treated properly. The BCHS Complaint Unit received additional information pertaining the bed bugs on June 21, 2022, reporting the bedbugs are located in two resident bedrooms, one of the bedrooms is where Resident A resides and the second bedroom is across the hall from Resident A. On June 23, 2022, Complainant sent videos and photos taken by staff of bedbugs in Resident A’s bedroom.

On June 23, 2022, Complainant reported the last bedbug was seen in the facility about two weeks ago. Complainant could not provide specific details if any extermination company was used or dates of treatments. Complainant reported after a treatment has been completed the bed bugs will not be seen for about three months and then there is another resurfing of them.

On June 23, 2022, during my unannounced onsite investigation I completed a physical plant inspection of the 20 bedrooms in the facility and found a live bed bug on Resident A’s bed. I did not observe any other bedrooms or area of the facility with bedbugs.

On June 23, 2022, I interviewed Randy Morgan, Residential Services Director who reported the last treatment was completed in two bedrooms on June 22, 2022, by Griffin Extermination and Pest Control.

On July 01, 2022, I interviewed Shane Russell, Customer Service, and Mark Davenport, Director of Griffin Extermination and Pest Control, who reported the facility has been on a bed bug maintenance program since 2019 which includes a monthly preventative treatment of a powder dust, spray, and traps. Ms. Russell and

Mr. Davenport reported they spoke with Randy Morgan, Residential Services Director, last week and have scheduled for a K-9 dog with K-9 Bed Bug Hunters from Battle Creek to do a walkthrough of the facility to determine the location of bed bugs and form a more effective treatment plan moving forward which may include a full heat treatment of the facility. Mr. Davenport reported the facility was treated on June 13, 2022 and June 21, 2022 to include the mentioned above treatments and active guard, a box spring cover that has a killing agent in the cover. Ms. Russell and Mr. Davenport reported the bed bugs were absent from the facility for about a year period and has recently returned. Ms. Russell and Mr. Davenport reported the facility has been very diligent with treatments and remaining in contact with Griffin Extermination and Pest Control as live bed bugs have been spotted.

On July 12, 2022 during my second unannounced onsite inspection K-9 Bed Bug Hunters were at the facility completing an inspection to determine the location of the bed bug infestation.

APPLICABLE RULE	
R 400.15401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	Based on the information gathered during the investigation it has been found the facility has a monthly preventative treatment with Griffin Extermination and Pest Control for bed bugs and the bed bugs had been extinct for a period of time and have re-established themselves in a resident bedroom. The facility was treated on June 13 and June 21, 2022. On July 12, 2022, a K-9 dog was at the facility to ensure the exact location of the bed bug in the facility and establish a more intense treatment plan moving forward per Shane Russell and Mark Davenport from Griffin Extermination and Pest Control. It has been found the facility does have a pest control program with Griffin Extermination and Pest Control that is maintained to protect the health of the residents
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: Resident A’s bathroom did not have any hand soap available during her stay at the facility.

INVESTIGATION:

On June 16, 2022, a complaint was received reporting Resident A ‘s bathroom had no hand soap in it for the initial four days of their stay.

On June 23, 2022, during the onsite investigation I inspected the 20 resident bathrooms and public bathrooms in the facility to find all bathrooms had hand soap available in a wall dispenser.

On July 08, 2022, DCS Patience Howe and Autumn Boyd both reported the facility provides the residents with bars of soap, but most residents purchase their own soap. Ms. Howe reported she was not aware of Resident A's bathroom being without soap during her stay at the facility.

On July 12, 2022, I interviewed DCS Alexia Garza who reported all resident bathrooms have hand soap provided on the wall of each bathroom. Ms. Garza reported she believes Resident A had hand soap in her dispenser during her stay. DCS Sara Heinritz reported all bathrooms have wall soap dispensers and should have soap in them, if not, then soap is provided. Ms. Heinritz reported she does not remember Resident A's bathroom not having soap.

On July 13, 2022, I interviewed Resident A who reported she cannot remember if there was hand soap or not in her bathroom stating, "this was the least of my concerns while staying at the facility."

APPLICABLE RULE	
R 400.15401	Environmental health.
	(8) Hand-washing facilities that are provided in both the kitchen and bathroom areas shall include hot and cold water, soap, and individual towels, preferably paper towels.
ANALYSIS:	Based on the evidence gathered during the investigation it has been found all hand washing facilities, in the kitchen and bathroom areas are provided with soap. There was not enough evidence to determine if Resident A's bathroom had hand soap during her stay.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, it is recommended that the current status of the license remains unchanged.

Bridget Vermeesch

07/16/2022

Bridget Vermeesch

Date

Licensing Consultant

Approved By:



08/08/2022

Dawn N. Timm
Area Manager

Date