



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 6, 2023

Louis Andriotti, Jr.
Vista Springs Wyoming LLC
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AH410397992
Investigation #: 2023A1021025
Vista Springs Wyoming

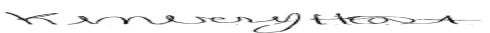
Dear Mr. Andriotti, Jr.:

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 authorized representative 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 (517) 284-9730.

Sincerely,


Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410397992
Investigation #:	2023A1021025
Complaint Receipt Date:	01/13/2023
Investigation Initiation Date:	01/17/2023
Report Due Date:	03/12/2023
Licensee Name:	Vista Springs Wyoming LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 259-8659
Administrator:	Sarah Woltman
Authorized Representative:	Louis Andriotti, Jr
Name of Facility:	Vista Springs Wyoming
Facility Address:	2708 Meyer Ave SW Wyoming, MI 49519
Facility Telephone #:	(616) 288-0400
Original Issuance Date:	12/10/2019
License Status:	REGULAR
Effective Date:	06/10/2022
Expiration Date:	06/09/2023
Capacity:	147
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Facility not following Covid-19 protocols.	Yes
Additional Findings	No

III. METHODOLOGY

01/13/2023	Special Investigation Intake 2023A1021025
01/17/2023	Special Investigation Initiated - Letter referral sent to APS
01/18/2023	Contact - Telephone call received spoke with APS
01/19/2023	Inspection Completed On-site
02/06/2023	Exit Conference Exit conference

ALLEGATION:

Facility not following Covid-19 protocols.

INVESTIGATION:

On 1/13/2023, the licensing department received an anonymous complaint with allegations the facility is not following Covid-19 protocols. The complainant alleged the facility has Covid-19 and workers are not wearing appropriate personal protective equipment (PPE). The complainant alleged employees that are Covid-19 positive are forced to work and then are spreading Covid-19 to residents. Due to complaint being anonymous, I was unable to contact the complainant for additional information.

On 1/13/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 1/19/2023, I interviewed health and wellness director Heather Calvin at the facility. Ms. Calvin reported the facility had a recent outbreak of Covid-19 that started on 12/26/2022. Ms. Calvin reported the facility had 10 residents and 10 employees test positive. Ms. Calvin reported when an employee tests positive for Covid-19, the employee is taken off the schedule for five days. Ms. Calvin reported when the employee returns, the employee is to wear a mask. Ms. Calvin reported the facility

has an adequate supply of PPE and the facility has never run out of PPE. Ms. Calvin reported the facility is conducting weekly testing of employees and residents due to the Covid-19 outbreak. Ms. Calvin reported all employees are expected to wear a mask and residents are encouraged to wear a mask. Ms. Calvin reported when a resident is positive for Covid-19, PPE supplies are placed outside their room for the caregiver to use when providing care to the resident. Ms. Calvin reported once the employee has completed care, the PPE is thrown away in a special trash bag located within the resident's room. Ms. Calvin reported the facility is appropriately following Covid-19 protocols.

On 1/19/2023, I interviewed administrator Sarah Woltman at the facility. Ms. Woltman reported the facility policy is when an employee tests positive for Covid-19 they are taken off the schedule for five days. Ms. Woltman reported if the employee is still feeling ill, they may be taken off for additional days, if needed. Ms. Woltman reported caregivers are to wear a mask in the facility. Ms. Woltman reported the facility has PPE available to the caregivers.

On 1/19/2023, I interviewed staff person 1 (SP1) at the facility. SP1 reported when an employee tests positive for Covid-19 they are taken off the schedule. SP1 reported caregivers are expected to wear a face covering in the facility due to the Covid-19 outbreak. SP1 reported visitors are not wearing masks. SP1 reported the facility has appropriate PPE for the employees.

On 1/19/2023, I interviewed SP2 at the facility. SP2 reported the facility recently had a Covid-19 outbreak. SP2 reported when an employee tests positive for Covid-19 they are taken off the schedule. SP2 reported caregivers are to wear a mask within the facility. SP2 reported the facility has appropriate PPE for the caregivers.

On 1/19/2023, I interviewed SP3 at the facility. SP3 reported she tested positive for Covid-19 and was taken off the schedule for five days. SP3 reported she came back after five days and felt fine to do so. SP3 reported the facility has appropriate PPE and caregivers are wearing masks.

At the facility, I observed on the entrance doors a note that read,

"As of 12/26/2022, Covid-19 positive case within the building. Face mask is required."

At the facility, I self-screened for Covid-19 symptoms. I was not instructed nor told to wear a face mask. I observed multiple visitors entering the building. They were not instructed to wear a face mask.

At the facility I observed a resident's room with Covid-19. I observed a storage unit located by the resident's door with appropriate PPE.

At the facility I observed boxes of PPE located in offices and on the medication cart. The PPE was available to all staff members. I observed boxes of N95 masks, face shields, gowns, shoe booties, and gloves.

At the facility I observed multiple staff members wearing a mask. I observed three visitors not wearing any facial covering.

I reviewed Center for Disease Control document titled *Restrictions for HCP (Health care professionals) with SARS-CoV2 Infection and Exposures*. The document revealed the facility can have employees return to work after five days with/without negative test if asymptomatic or mildly symptomatic.

I reviewed facility policy *Coronavirus Covid-19 emergency Response Plan*. The policy read,

“All elements of this procedure are critical to ensure a coordinated emergency response to manage and monitor all residents, clinical and non-clinical staff (employees and independent contractors), and visitors for the signs and symptoms of COVID-19 during the Active Virus Period until further notice.

Post signs at entrance instructing authorized personnel and essential health care personnel to not enter if they do not feel well or have not felt well in previous days or been around any others who have been ill.

Visitors who have been screened and permitted to enter should wear a facemask.”

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	(1) The owner, operator, and governing body of a home shall do all of the following: (b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.
For Reference: R 325.1901	Definitions.
	(16) "Protection" means the continual responsibility of the home to take reasonable action to ensure the health, safety, and well-being of a resident as indicated in the resident's service plan, including protection from physical harm, humiliation, intimidation, and social, moral, financial, and

	personal exploitation while on the premises, while under the supervision of the home or an agent or employee of the home, or when the resident's service plan states that the resident needs continuous supervision.
ANALYSIS:	The facility failed to protect the residents by not following their internal policy on visitors wearing face masks to prevent the spread of Covid-19.
CONCLUSION:	VIOLATION ESTABLISHED

On 2/6/2023, I conducted an exit conference with authorized representative Louis Andriotti, Jr. by telephone.

IV. RECOMMENDATION

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

 1/19/2023

Kimberly Horst Date
Licensing Staff

Approved By:

 02/06/2023

Andrea L. Moore, Manager Date
Long-Term-Care State Licensing Section