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GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 20, 2023

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

RE: License #: AH410397993
Investigation #: 2023A1021047
Vista Springs Riverside Gardens

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,

A handwritten signature in cursive script that reads "Kimberly Horst".

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 #:	AH410397993
Investigation #:	2023A1021047
Complaint Receipt Date:	03/30/2023
Investigation Initiation Date:	03/30/2023
Report Due Date:	05/29/2023
Licensee Name:	Vista Springs Riverside Gardens LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 259-8659
Administrator/ Authorized Representative:	Louis Andriotti, Jr.,
Name of Facility:	Vista Springs Riverside Gardens
Facility Address:	2420 Coit Ave. NE Grand Rapids, MI 49505
Facility Telephone #:	(616) 365-5564
Original Issuance Date:	07/22/2020
License Status:	REGULAR
Effective Date:	01/22/2023
Expiration Date:	01/21/2024
Capacity:	70
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident's privacy violated.	No
Medications are not administered correctly.	Yes
Personal hygiene is not provided.	No
Showers are not completed.	Yes
Additional Findings	No

III. METHODOLOGY

03/30/2023	Special Investigation Intake 2023A1021047
03/30/2023	Special Investigation Initiated - Letter referral sent to APS
04/06/2023	Inspection Completed On-site
04/11/2023	Contact-Telephone call made Interviewed managing partner Joy Devries
04/20/2023	Exit Conference

The complainant identified some concerns that were not related to home for the aged licensing rules and statutes. Therefore, only specific items pertaining to homes for the aged provisions of care were considered for investigation. The following items were those that could be considered under the scope of licensing.

ALLEGATION:

Resident's privacy violated.

INVESTIGATION:

On 03/30/2023, the licensing department received a complaint with allegations staff person 1 (SP1) violated HIPPA by sending photographs of residents to her mother.

On 03/30/2023, the allegations in this report were sent to centralized intake at Adult Protective Services (APS).

On 04/06/2023, I interviewed SP2 at the facility. SP2 reported it was brought to management attention that SP1 was sending photographs and providing medical updates to SP3. SP2 reported SP3 used to work at the facility and requested SP1 to update her on the residents. SP2 reported SP1 was placed on probation and was demoted from her supervisor to weekend manager. SP2 reported SP1 was to meet goals of probation which she has now met.

On 04/11/2023, I interviewed managing partner Joy DeVries by telephone. Ms. DeVries reported in the fall all staff members, including SP1, received discipline due to having selfie photos taken in the facility on social media. Ms. DeVries reported in November she received an email from an unknown person with screenshots from Facebook Messenger with photos of dirty linen, BP readings, dirty food trays, and questions about sending residents to the hospital. Ms. DeVries reported there were no photos of residents. Ms. DeVries reported the photos were sent from SP1 to SP3. Ms. DeVries reported SP3 was employed at the facility. Ms. DeVries reported an investigation was completed and SP1 was removed from her position as weekend manager. Ms. DeVries reported SP1 reported the messages were sent months ago while SP3 was employed at the facility. Ms. DeVries reported SP1 does not have a working telephone and will use Facebook Messenger to communicate with other staff members. Ms. DeVries reported SP1 was counseled on appropriate communication and avenues for communication. Ms. DeVries reported there has been no more issues with SP1.

I reviewed SP1's counseling form that was dated 01/19/2023. The narrative of the form read,

“Received emails/personal nature. Investigation was closed cannot prove when messages were received or sent. Prior to (SP1) returning second time. Was re-hired even though family dispute in action. Privacy is privacy. This was prior discussed in September. Has not continued behavior. However, already received counseling form. Second notice due to email from ex-employee. Discussed with (SP1). Put on a 30 day action plan probation, removal of weekend mgt. will remain off any and all social media. No contact w/ (SP3) outside of family contact.”

APPLICABLE RULE	
MCL 333.20202	Policy describing rights and responsibilities of patients or residents; adoption; posting; contents; additional requirements; discharging, harassing, retaliating, or discriminating against patient exercising protected right; exercise of rights by patient's representative; informing patient or resident of policy; designation of person to

	exercise rights and responsibilities; additional patients' rights; definitions.
	(2) The policy describing the rights and responsibilities of patients or residents required under subsection (1) shall include, as a minimum, all of the following: (d) A patient or resident is entitled to privacy, to the extent feasible, in treatment and in caring for personal needs with consideration, respect, and full recognition of his or her dignity and individuality.
ANALYSIS:	Interviews conducted and document review revealed SP1 did send photos to SP3. While this event did occur, it was an isolated incident and is not a systemic issue throughout the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Medications are not administered correctly.

INVESTIGATION:

The complainant alleged that staff passes mid-day and evening meds at the same time. The complainant alleged blood sugar and insulin numbers are being made up when entered and not actually done. The complainant alleged the narcotic count of medications is not done.

SP2 reported medication technicians can pass medications one hour before and one hour after the scheduled administration time. SP2 reported occasionally she has found medications left in a resident's room and when this occurs additional education and training is provided to the medication technician. SP2 reported residents receive their medications.

On 04/06/2023, I interviewed Resident E at the facility. Resident E reported she is a diabetic and care staff check her blood glucose daily. Resident E reported at times medications are left in her room and medication technicians do not watch her take her medications.

On 04/06/2023, I interviewed Resident F at the facility. Resident F reported medication technicians do not always watch her take her medications and medications are left in her room.

On 04/06/2023, I interviewed Resident G at the facility. Resident G reported she is a diabetic and care staff check her blood glucose levels every day. Resident G reported her medications are set out for her and staff do not watch her take her medications.

On 04/06/2023, I interviewed Resident H at the facility. Resident H reported she is a diabetic and care staff check her blood glucose levels every day.

On 04/06/2023, I interviewed Resident I at the facility. Resident I reported her medications are left in her room and care staff do not watch her take her medications.

I reviewed facility narcotic count book. The document should have three counts each day, as the facility staffs three shifts. It was noted that these reports have columns to record the number of total containers at the start of the shift, the number of containers received from the pharmacy, the number of containers that have been emptied or discontinued, as well as columns for the date and signatures from the outgoing and incoming staff members. The following deficiencies were noted:

3/16 second shift: amount remaining was not counted.
3/17: first shift: no signature for off going worker
3/18: no first or second shift count was done
3/19: first and second shift no signature was recorded
3/20: first shift no signature was recorded
3/22: first and second shift no signature was recorded
3/23: first shift had no signature recorded
3/23: no count done on second shift
3/24: no count on second and third shift
3/25: no count on first and second shift
3/26: no count on first and second shift
3/28: no signature on first shift and total medications not recorded
3/28: no total medications recorded on third shift
3/28: no count on second shift
3/29: no signature on second shift and total medications not recorded
3/30: no count on first shift
3/30: no signature on second shift and total medications not recorded
3/31: second shift total medications not recorded
4/1: no count on second shift
4/2: no count on second shift
4/3: no signature on first shift
4/3: no count on second shift

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:	Interviews conducted and review of documentation revealed the facility does not take reasonable precautions to ensure that prescription medication is not used by a person other than the resident for whom the medication is prescribed. This is evidenced by: Leaving medications in a resident's room does not constitute taking reasonable precautions to assure that the medication is not used by a person other than the resident for whom the medication is prescribed. Facility staff are not following the facility's procedure to ensure narcotic medication is not used by a person other than the resident for whom the medication is prescribed by not completing the Controlled Substance Count Sheet.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Personal hygiene is not provided.

INVESTIGATION:

The complainant alleged on second shift hygiene practices are not encouraged or enforced by most staff such as brushing teeth, applying deodorant, or brushing hair. The complainant alleged residents are left sitting in urine-soaked briefs and clothes.

SP2 reported on second shift care staff encourage and assist residents with brushing teeth and getting ready for bed. SP2 reported at times residents will refuse to complete said activities but the care staff still offer. SP2 reported she has not received complaints with lack of care provided to the residents.

I reviewed the March 2023 Task Administration Record (TAR) for Resident A, Resident B, and Resident D and Relias Charting for Resident A, B, and D. These documents revealed residents were provided appropriate assistance.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.
ANALYSIS:	Review of documentation revealed lack of evidence to support the allegation hygiene services were not provided.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Showers are not completed.

INVESTIGATION:

The complainant alleged resident showers on second shift are not completed.

SP2 reported care staff are to document in the medical record and in the shower book when a shower is attempted and completed. SP2 at the end of the week, management will audit to ensure residents receive showers. SP2 overall residents receive showers as scheduled.

I reviewed the March 2023 Task Administration Record (TAR) for Resident A, Resident B, Resident C, and Resident D, Relias Charting for Resident A, B, and D, and shower documentation for Resident C. These residents require assistance with showering/bathing on second shift. The documents revealed staff documented in the month of March Resident C did not receive shower assistance from 03/22-03/31.

APPLICABLE RULE	
R 325.1933	Personal care of residents.
	(2) A home shall afford a resident the opportunity and instructions when necessary for daily bathing, oral and personal hygiene, daily shaving, and hand washing before meals. A home shall ensure that a resident bathes at least weekly and more often if necessary.
ANALYSIS:	Review of shower documentation revealed staff could not demonstrate that Resident C received weekly showers.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



04/12/2023

Kimberly Horst
Licensing Staff

Date

Approved By:



04/18/2023

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

Date