

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

January 1st, 2024

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

> RE: License #: AH190401909 Investigation #: 2024A1021022 Vista Springs Imperial Park at Timber Ridge

Dear Lou 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

1:	41400404000
License #:	AH190401909
Investigation #:	2024A1021022
Complaint Receipt Date:	12/19/2023
• •	
Investigation Initiation Date:	12/19/2023
Bonort Duo Dato:	02/18/2024
Report Due Date:	02/10/2024
N	
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:	Erin Witter
Aummstrator.	
Authorized Representative:	Louis Andriotti, Jr.
Name of Facility:	Vista Springs Imperial Park at Timber Ridge
Facility Address:	16260 Park Lake Road
	East Lansing, MI 48823
Facility Telephone #:	(517) 339-2322
Original Issuance Date:	11/04/2020
Oliginal issuance Date.	11/04/2020
Liconco Statuc:	
License Status:	REGULAR
Effective Date:	05/04/2023
Expiration Date:	05/03/2024
Capacity:	40
Brogram Typo:	AGED
Program Type:	

II. ALLEGATION(S)

Violation

	Established?
Resident B treated disrespectfully.	No
Staff members are not fully trained.	Yes
Additional Findings	No

III. METHODOLOGY

12/19/2023	Special Investigation Intake 2024A1021022
12/19/2023	Special Investigation Initiated - Letter email sent to AFC consultant on status of resident as AFC consultant was on site for same investigation
12/20/2023	Inspection Completed On-site
01/02/2024	Exit Conference

The complaint included concerns with Resident A. This complaint was investigated under special investigation 2023A1027025. 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 B treated disrespectfully.

INVESTIGATION:

On 12/19/2023, the licensing department received a complaint from Adult Protective Services (APS) with allegations Resident B is neglected at the facility. APS reported it was reported to them Resident B calls for assistance and staff do not respond, and that Resident B smells like urine and feces.

On 12/20/2023, I interviewed Resident B at the facility. Resident B reported she enjoys living at the facility. Resident B reported when she calls for assistance, caregivers respond to her needs. Resident B reported the good outweighs any bad at the facility and that overall, there are good caregivers at the facility. Resident B

reported she feels safe and well cared for. Resident B reported no concerns with living at the facility.

While onsite I observed Resident B. Resident B was sitting in the dining room eating breakfast. Resident B had clean clothes on and appeared to be well kept. I did not smell any urine or feces on Resident B.

On 12/20/2023, I interviewed wellness coordinator Sarah Parker at the facility. Ms. Parker reported Resident B is to be checked on every two hours. Ms. Parker reported during the daytime hours Resident B is continent and can take herself to the restroom. Ms. Parker reported Resident B is incontinent at night and caregivers are to check and change Resident B. Ms. Parker reported Resident B has no skin breakdown. Ms. Parker reported Resident B can vocalize her needs, wants, and concerns. Ms. Parker reported Resident B has not brought forth any care concerns.

On 12/20/2023, I interviewed administrator Erin Witter at the facility. Ms. Witter's statements were consistent with those made by Ms. Parker.

I reviewed the call light response time log for December 1-December 20. The call log revealed that Resident B requested assistance on average seven times a day. The average time it took to respond was five minutes.

APPLICABLE RULE		
R 325.1931	Employees; general provisions.	
	(2) A home shall treat a resident with dignity and his or her personal needs, including protection and safety, shall be attended to consistent with the resident's service plan.	
ANALYSIS:	Interviews conducted, observations made, and documents reviewed revealed lack of evidence to support the allegation Resident B is treated disrespectfully.	
CONCLUSION:	VIOLATION NOT ESTABLISHED	

ALLEGATION:

Staff members are not fully trained.

INVESTIGATION:

APS reported it was reported that caregivers are not fully trained.

Ms. Parker reported that during the orientation process, caregivers are trained on the floor with another caregiver. Ms. Parker reported that the new employee also completes paperwork and general orientation. Ms. Parker reported that the orientation process is roughly five days. Ms. Parker reported if there are any concerns with caregiver performance within the first 90 days, the caregiver is terminated. Ms. Parker reported within the past 90 days the facility has hired and retained one staff person, SP1.

I reviewed SP1's employee file. The file revealed SP1 completed general orientation on 11/15/2023. The orientation included general orientation, residential services, program statement, policies, and health and wellness topics. The file revealed SP1 was provided *General Orientation Competency Quiz*. The quiz was not completed nor checked for competency.

Ms. Witter reported there have been changes to management at the facility. Ms. Witter reported the new management is reviewing employee files to ensure the files are completed. Ms. Witter reported she will ensure SP1 completes the new employee training today.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	 (6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following: (a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.
ANALYSIS:	Review of SP1's employee file revealed the facility did not ensure SP1 completed the new employee training program.
CONCLUSION:	REPEAT VIOLATION ESTABLISHED
	(For reference AH190401909_SIR_2023A1027025 dated 01/26/2023 with CAP dated 02/17/2023)

IV. RECOMMENDATION

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

KinveryHost

12/20/2023

Kimberly Horst Licensing Staff

Date

Approved By:

(00)

12/20/2023

Date

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

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