



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 24, 2024

Joy DeVries-Burns
Vista Springs Ctr/Memory Care & Rediscovery
3736 Vista Springs Ave.
Grand Rapids, MI 49525

RE: License #: AH410400149
Investigation #: 2024A1021040
Vista Springs Ctr/Memory Care & Rediscovery

Dear Joy DeVries-Burns:

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

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 #:	AH410400149
Investigation #:	2024A1021040
Complaint Receipt Date:	02/22/2024
Investigation Initiation Date:	02/26/2024
Report Due Date:	04/23/2024
Licensee Name:	Vista Springs Northview, LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 364-4690
Administrator/ Authorized Representative:	Joy DeVries-Burns
Name of Facility:	Vista Springs Ctr/Memory Care & Rediscovery
Facility Address:	3736 Vista Springs Ave. Grand Rapids, MI 49525
Facility Telephone #:	(616) 364-4690
Original Issuance Date:	03/04/2020
License Status:	REGULAR
Effective Date:	09/04/2023
Expiration Date:	09/03/2024
Capacity:	56
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A received inadequate care.	Yes
Additional Findings	No

III. METHODOLOGY

02/22/2024	Special Investigation Intake 2024A1021040
02/26/2024	Special Investigation Initiated - On Site
03/06/2024	Contact - Telephone call made interviewed licensee
03/06/2024	Contact - Telephone call made interviewed SP1
03/08/2024	Contact - Telephone call made interviewed Hospice company
03/08/2024	Contact - Document Received received Resident A documents
04/24/2024	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 A received inadequate care.

INVESTIGATION:

On 02/22/2024, the licensing department received a complaint with allegations Resident A received inadequate care. The complainant alleged on 03/16/2023 Resident A was taken to the hospital. The complainant alleged the days prior to the hospital admission, Resident A was diagnosed with Covid-19, was left in bed, was

not changed, and was not provided food and water. The complainant alleged Resident A developed sores because he was not changed. The complainant alleged after 13 days in the hospital Resident A returned to the facility and that Resident A would lay in bed with his leg up. The complainant alleged Resident A had a broken leg due to a potential drop from the Hoyer Lift.

On 02/26/2024, I interviewed clinical specialist Carrie Arp at the facility. Ms. Arp reported the facility recently went through a change of ownership and she was not employed at the facility while Resident A was a resident.

On 02/26/2024, I interviewed staff person 1 (SP1) at the facility. SP1 reported Resident A always ate well. SP1 reported Resident A did have a room tray delivered to his room due to Covid-19 diagnosis and a decline in health.

On 02/26/2024, I interviewed SP2 at the facility. SP2 reported Resident A was a two person assist with a Hoyer Lift. SP2 reported Resident A did have wounds that hospice was managing. SP2 reported when Resident A was diagnosed with Covid-19 staff members would have to put on personal protective equipment (PPE) to provide care to Resident A. SP2 reported care was still provided to Resident A while he had Covid-19.

On 02/26/2024, I interviewed SP3 at the facility. SP3 statements were consistent with those made by SP2.

On 03/06/2024, I interviewed SP4 by telephone. SP4 reported she was the administrator when Resident A was a resident. SP4 reported Resident A admitted to the facility with advanced dementia. SP4 reported Resident A had a slow decline prior to the Covid-19 diagnosis in March 2023. SP4 reported Resident A was started on anti-viral medication for Covid-19. SP4 reported Resident A was not at baseline and Relative A1 requested Resident A to be sent to the hospital. SP4 reported Resident A was diagnosed with failure to thrive and returned to the facility on hospice. SP4 reported Resident A was a total assist when he returned to the facility. SP4 reported Resident A did have a fall but did not have a broken leg. SP4 reported Resident A did have wounds that were being managed by the hospice company. SP4 reported staff members provided adequate and appropriate care to Resident A.

On 02/08/2024, I interviewed Hospice of Michigan case manager Debra Smith. Ms. Smith reported Resident A was active with Hospice of Michigan. Ms. Smith reported the hospice company did not have any concerns with the care received at the facility. Ms. Smith reported no knowledge of a broken leg. Ms. Smith reported Resident A was to have heel protectors for the wounds on his heels but that Relative A1 refused for these to be used. Ms. Smith reported from a hospice perspective, Resident A received adequate care.

I reviewed phone order for Resident A from Jennifer White dated 03/14/2024. The order read,

“magic butt cream 1:1 ratio. Apply 3 times daily to affected area.”

I reviewed wound care progress note from hospitalization dated 03/20/2023. The narrative of the report read,

“Pt is lethargic and not able to converse about his wounds but repeating a few words over and over while RN attempting to place a IV. He has scattered erythemic areas noted on bilateral upper extremities. While laying on his side able to easily see large bulla on his right heel which is a deep tissue pressure injury present on admission vs possible Covid manifestation. He did report this was painful when touched. Also noted bright red heel on his left which is not blanching and boggy feeling but no obvious blister. Foam dressing applies to both and floated. Linear wound on buttock prior to admission possibly from brief vs linen currently blanches. He does have some linear moisture lesion in gluteal fold and areas within gluteal coccyx and perianal that are erythemic and moisture related with scattered denuded areas from incontinence. Anterior linear erosions on his right thigh possibly from medical device such as brief being too tight and this was prior to admission. Some sloughing noted. Areas on scrotum irregular shaped on anterior scrotum with erythema and slough, filling in and most likely from moisture associated skin damage. Some devitalized tissue which is starting to fill in and heal with current use of barrier cream and monitoring of moisture.”

I reviewed 03/27/2023 hospital after visit summary for Resident A. The summary for wound care read,

“Every 1-3 days apply silicone border 5 layer foam dressing to heels. Float/offload heels at all times. Lift dressing and look at each shift and document. Pressure prevention measures encouraged: turn side to side and reposition frequently-explain need to turn off pressure points/bony prominences and get up and out of bed/chair via Lift to mobilize asap when medically appropriate. Be sure all lines and devices are not under patient and linens are without wrinkles. Avoid supine position and avoid (head of bed) > 30 degrees if medically appropriate. Reposition frequently when in chair and encourage to lean forward/backwards and side to side to offset any possible pressure and do frequently. Float heels at all times. Limit linen layers and use of adult brief or pullup only to when out of bed. Use Desitin like barrier cream or Triad for wounds on scrotum and thigh at least daily. When incontinent, apply moisture barrier with zinc after each incontinent episode and at least twice daily for protection. Encourage toileting on a schedule to assist patient with dignity and attempting to keep continent. Avoid friction and shear: use slippery sheet for transfers or moving up in bed or LIFT in room to assist. Be sure to have adequate assistance for head and heels and buttocks so no drag.

I reviewed Carelinc Work Order dated 03/13/2023. The order read,

“Reclining back wheelchair.”

I reviewed packaging slip from Hospice of Michigan dated 03/28/2023. The order read,

“Heel protector.”

I reviewed Carelinc Work Order dated 03/30/2023. The order read,
“Hospice patient lift/Hoyer manual.”

I reviewed physician order for Resident A. The order read,
“Okay to crush medications. Soft/bite sized diet.”

I reviewed Resident A’s medication administration record (MAR) for April 2023. The MAR read,

“Nyst/ Desitin cream. Apply to buttocks and scrotum twice daily and with incontinent episodes.

Mepilex. Apply to right heel and ankle after wound changes, change every three days as needed.”

I reviewed Resident A’s service plan. The service plan read,

“provide supervision and offer guidance during meals and snacks cut food up, chew thoroughly, drink, etc. Will need queuing during meals. Is on a regular diet and does not have any special dietary needs. Provide assistance with toileting needs. Independent with transfers. Receive assistance from staff with managing/administering medications per physician’s orders. Cane/Walker”

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 and review of documentation revealed Resident A was diagnosed with Covid-19, had a decline in health, and was admitted to the hospital. After the hospital admission, Resident A was readmitted to the facility with orders to use a Hoyer Lift, use a wheelchair, provide wound care, crush medications, change in diet, and involvement in hospice care. Review of Resident A’s service plan revealed these changes in care instructions were not reflected in Resident A’s care plan resulting in Resident A receiving incorrect care.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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

Kimberly Horst

03/20/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

04/23/2024

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

Date