



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25, 2024

Joy DeVries-Burns
Vista Springs Riverside Gardens LLC
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AH410397993
Investigation #: 2024A1021063
Vista Springs Riverside Gardens

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 #:	AH410397993
Investigation #:	2024A1021063
Complaint Receipt Date:	05/30/2024
Investigation Initiation Date:	06/04/2024
Report Due Date:	07/29/2024
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:	Joy DeVries-Burns
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:	02/09/2024
Expiration Date:	07/31/2024
Capacity:	70
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Resident A fell and broke her leg.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/30/2024	Special Investigation Intake 2024A1021063
06/04/2024	Special Investigation Initiated - On Site
06/05/2024	Contact - Document Received received Resident A documents
06/25/2024	Exit Conference

ALLEGATION:

Resident A fell and broke her leg.

INVESTIGATION:

On 05/30/2024, the licensing department received a complaint with allegations Resident A was left alone in the shower. The complainant alleged because Resident A was left alone, she fell, broke her leg, and died a few days later from the injury.

On 06/04/2024, I interviewed staff person 4 (SP4) at the facility. SP4 reported Resident A resided at the facility and shared a room with Resident B. SP4 reported she provided a shower to Resident A the day she fell. SP4 reported she assisted Resident A into the shower and washed her back. SP4 reported Resident A was able to wash the rest of her body by herself. SP4 reported she left the bathroom to make Resident A's bed. SP4 reported while she was in the bedroom, Resident B went into the bathroom to assist Resident A and that is when she fell. SP4 reported Resident A tripped over the shower lip, twisted her leg, and fell. SP4 reported Resident A required assistance with transfers in and out of the shower and some assistance with washing. SP4 reported Resident B would often try to assist Resident A even though he was unstable to do so.

On 06/04/2024, I interviewed SP2 at the facility. SP2 statements were consistent with those made by SP4.

While onsite I observed Resident A’s apartment. The bathroom was located at the front of the apartment and the bedroom was located at the back of the unit. You could not see the shower unit if you were in the bedroom.

I reviewed observation report for Resident A dated 12/19/2023. The narrative of the report read,

“CM was put in the bath within 3 minutes later she was trying to get out on her own and slipped and fell.”

I reviewed service plan for Resident A. The service plan read,

“requires staff assistance with bathing/showering needs. Requires assistance with all transfers.”

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.
	(p) "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 Resident A required assistance with showers and Resident B would often assist Resident A. The facility failed to ensure the protection and safety of Resident A as evidenced by Resident A required assistance with bathing and transfers, yet on 12/19/2023, Resident A was left unattended in the shower.

CONCLUSION:	VIOLATION ESTABLISHED
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ADDITIONAL FINDINGS:

INVESTIGATION:

Resident A's service plan read,

“requires staff assistance with bathing/showering needs. Requires assistance with all transfers. Requires staff assistance with dressing/undressing. Requires staff assistance with toileting needs. Requires staff assistance with mobility/ambulation.”

APPLICABLE RULE	
R 325.1924	Admission and retention of residents.
	(5) A home shall update each resident's service plan at least annually or if there is a significant change in the resident's care needs. Changes shall be communicated to the resident and his or her authorized representative, if any.
ANALYSIS:	Review of Resident A's service plan revealed lack of detail regarding her specific care needs. For instance, her plan identified she required assistance with dressing, bathing, and mobility. However, it is not known if she needs a staff member to assist her, what type of mobility device needed, and level of staff assistance. In addition, Resident A was identified that she required assistance with toileting, but the service plan did not define the type of assistance needed.
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

06/12/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea Moore

06/24/2024

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

Date