GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 25th, 2024

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

RE: License #: AH410397993
Investigation #: 2024A1021064
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 #:	2024A1021064
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?
Medication concerns with Resident A.	Yes
Additional Findings	Yes

III. METHODOLOGY

05/30/2024	Special Investigation Intake 2024A1021064
06/04/2024	Special Investigation Initiated - On Site
06/05/2024	Contact-Telephone call made Interviewed Trillium Palliative
06/05/2024	Contact-Document Received Received Resident A's documents
06/06/2024	Contact-Telephone call made Interviewed Trillium Palliative doctor office
06/06/2024	Contact-Telephone call made Interviewed HomeTown Pharmacy
06/25/2024	Exit Conference

ALLEGATION:

Medication concerns with Resident A.

INVESTIGATION:

On 05/30/2024, the licensing department received a complaint with allegations Resident A ran out of Oxycodone 5mg and Acetaminophen medication. The complainant alleged the facility did not contact the physician in a timely manner for medication refills.

On 06/04/2024, I interviewed staff person 2 (SP2) at the facility. SP2 reported Resident A was in the hospital and a rehabilitation unit for approximately a month and then returned to the facility on 04/26/2024. SP2 reported when Resident A returned to the facility he had medication changes. SP2 reported the oxycodone medication was changed to prn and not a scheduled dose. SP2 reported soon after re-admission to the facility, Resident A was placed on Faith Hospice and passed

away a few weeks ago. SP1 reported when a resident returns to the facility, the discharge paperwork has a medication list. SP1 reported the medication list is transcribed onto the medication administration record (MAR).

On 06/04/2024, I interviewed SP1 at the facility. SP1 reported when Resident A returned to the facility the oxycodone medication was changed to as needed (PRN). SP1 reported the only pain medication that was scheduled was the Acetaminophen. SP1 reported no knowledge of Resident A not receiving medications as ordered and no knowledge of the facility not requesting refill medications in a timely manner. SP1 reported Resident A transitioned onto hospice and passed away soon after.

On 06/05/2024, I interviewed Trillium Palliative office by telephone. The office reported on 05/15/2024, Relative A1 contacted the office for a refill for the oxycodone medication that was prescribed for every six hours. The office reported a stat prescription was sent to HomeTown Pharmacy that day. The office reported the following day the prescription was changed to prn.

On 06/05/2024, I interviewed HomeTown Pharmacy. The pharmacy reported an e-script was received on 05/15 for the oxycodone medication and the medication was delivered that evening.

I reviewed discharge paperwork from the rehabilitation unit for Resident A. The paperwork revealed Resident A was prescribed Oxycodone 5mg tablet with instruction to take one tablet by mouth every six hours as needed. The paperwork revealed Resident A was prescribed Acetaminophen 500mg tablet with instruction to administer two tablets by mouth every six hours as needed for pain.

I reviewed Resident A's May 2024 medication administration record (MAR). The MAR revealed the Oxycodone medication order was correctly reflected on the MAR. Resident A received this medication on 5/16-5/17, 5/20-5/23, 5/25-5/26. The MAR revealed on 05/15, there was a note saying the medication was discontinued in error. The MAR also revealed an order for Acetaminophen 500mg capsule with instruction to administer two tablets by mouth every eight hours. With this order, Resident A should have received 81 doses in May but only 42 times was this medication initialed that Resident A received the medication.

APPLICABLE RULE	
R 325.1932	**Resident medications.**
	(2) Medication shall be given, taken, or applied pursuant to labeling instructions or orders by the prescribing licensed health care professional.
ANALYSIS:	Interviews conducted revealed Resident A was prescribed Oxycodone and on 05/15/2024, the facility ran out of medication and a stat order was sent to the pharmacy. By not having this

	medication, Resident A's medication was not administered according to the labeling instructions. In addition, review of Resident A's discharge paperwork from the rehabilitation unit and Resident A's May MAR revealed medication orders differed and Resident A did not receive medications as ordered by the physician. **REPEAT VIOLATION: AH410397993_SIR_2024A1028045 CAP dated 05/20/2024**
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION:

Review of Resident A's MAR revealed the following medications were not initialed:

Megestrol 40mg Suspension: 5/9, 5/11-5/24
Salivia Substitute Liquid: 5/9, 5/7,5/10-5/11, 5/13-5/14 at 8:00am; 5/6, 5/9, 5/11-5/12. 5/18, 5/22 at 5:00pm
Atorvastatin 10mg tablet: 5/5, 5/13-5/14, 5/17
Escitalopram 20mg tablet: 5/5
Eye Multivitamin: 5/5
Ferrous Sulfate 325mg: tablet 5/24
Latanoprost Eye Drop: 5/9, 5/14, 5/18
Metoprolol 25mg tablet: 5/16-5/17
Omeprazole 20mg tablet: 5/4, 5/14
Aspirin 81mg tablet:5/15-5/17, 5/9, 5/11-5/12, 5/18, 5/25, 5/27
Eliquis 2.5mg tablet: 5/9, 5/11-5/12, 5/18, 5/25
Lidocaine 5% patch: 5/2-5/5, 5/10-5/14, 5/16-5/17, 5/21-5/26
Polyethylene: 5/15-5/17, 5/20-5/25 at 8:00am, 5/12, 5/14, 5/18, 5/20-5/25 at 5:00pm
Senna 8.6mg tablet: 5/9, 5/12, 5/18, 5/24-5/25

APPLICABLE RULE	
R 325.1932	**Resident Medications.**
	(3) Staff who supervise the administration of medication for residents who do not self-administer shall comply with all of the following: **(b) Complete an individual medication log that contains all of the following information:** **(v) The initials of the individual who administered the prescribed medication.**

ANALYSIS:	Review of Resident A's MAR revealed multiple instances on various days and shifts in which medications were not initialed that they were administered. By not having thoroughly completing the log, it is difficult to determine if the medications were administered, refused, or not administered. **REPEAT VIOLATION:** **AH410397993_SIR_2024A1021014 CAP dated 12/18/2023.** **AH410397993_SIR_2024A1021045 CAP dated 05/31/2024.**
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 06/11/2024

Kimberly Horst Date
Licensing Staff

Approved By:

Andrea L. Moore 06/24/2024

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