



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 21, 2025

Louis Andriotti, Jr.
Vista Springs Imperial Park at Timber Ridge
16260 Park Lake Road
East Lansing, MI 48823

RE: License #: AH190401909
Investigation #: 2025A1021025
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

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 #: | AH190401909 |
| Investigation #: | 2025A1021025 |
| Complaint Receipt Date: | 01/03/2025 |
| Investigation Initiation Date: | 01/06/2025 |
| Report Due Date: | 03/02/2025 |
| Licensee Name: | IP Vista Springs Timber Ridge Opco, LLC |
| Licensee Address: | 1140 Abbot Rd East Lansing, MI 48823-9998 |
| Licensee Telephone #: | (303) 929-0896 |
| Administrator: | Erin Witter |
| 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 |
| License Status: | REGULAR |
| Effective Date: | 08/01/2024 |
| Expiration Date: | 07/31/2025 |
| Capacity: | 40 |
| Program Type: | AGED |

II. ALLEGATION(S)

| | Violation Established? |
|-----------------------------------|-----------------------------------|
| Facility has insufficient staff. | Yes |
| Residents do not receive showers. | No |
| Additional Findings | Yes |

III. METHODOLOGY

| | |
|------------|--|
| 01/03/2025 | Special Investigation Intake 2025A1021025 |
| 01/06/2025 | Special Investigation Initiated - On Site |
| 01/21/2025 | Exit Conference |

The complainant identified some concerns that were in the Adult Foster Care Licensees. 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:

Facility has insufficient staff.

INVESTIGATION:

On 01/03/2025, the licensing department received an anonymous complaint with allegations there is insufficient staff at the facility. Due to the anonymous complaint, I was unable to contact the complainant for additional information.

On 01/06/2025, I interviewed administrator Erin Witter at the facility. Administrator reported the facility has 27 residents. Administrator reported the facility schedules two caregivers and one medication technician for all three shifts. Administrator reported at times there is only one caregiver and one medication technician. Administrator reported the facility is currently hiring for all shifts. Administrator reported when the schedule is developed, if there are open shifts they are offered to the employees to pick up. Administrator reported if there is an unexpected staff shortage, management will work to find a replacement worker and will work the floor, if needed. Administrator reported there is one resident that is a Hoyer Lift, two residents that have a sit-stand device, 21 residents require assistance with showering, 25 residents require medication administration, and one resident that

requires increased staff assistance. Administrator reported employees are responsible for showering residents, laundry, and some culinary tasks.

On 01/06/2025, I interviewed Resident A at the facility. Resident A reported she is happy to be living at the facility. Resident A reported at times she has had to wait a long time for assistance; however, it is not common. Resident A reported no concerns with living at the facility.

On 01/06/2025, I interviewed Resident B at the facility. Resident B reported the care staff treat her very well at the facility. Resident B reported at times she has had to wait for staff to assist her to the restroom. Resident B reported during the evening shifts, it can be difficult to find staff.

On 01/06/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported the census, and acuity has increased at the facility. SP1 reported the morning shift is very busy with getting all the residents up for the day. SP1 reported residents still receive good care.

On 01/06/2025, I interviewed SP2 at the facility. SP2 reported it is difficult to accomplish all the morning caregiver tasks. SP2 reported first shift is responsible for most of the morning cares and showers. SP2 reported on second shift, it is also difficult to get all residents ready for bed. SP2 reported at times there is only two employees working the floor.

On 01/07/2025, Administrator confirmed Resident E and Resident F have a sit-stand device and require two person assist.

I reviewed Resident C's service plan. Resident C's service plan revealed Resident C has a Hoyer Lift and requires two person assist.

I reviewed the staff schedule for 12/22/2024-01/04/2025. The schedule revealed the following:

12/22: 3:00-7:00pm: one caregiver and one medication technician
12/23: 3:00-11:00pm: one caregiver and one medication technician
12/25: 3:00-7:00pm: one caregiver and one medication technician
12/26: 3:00-11:00pm: one caregiver and one medication technician
12/27: 3:00-11:00pm: one caregiver and one medication technician
12/22-12/28: 11:00pm-7:00am one caregiver and one medication technician
12/30: 7:00pm-11:00pm- one caregiver and one medication technician
12/31: 7:00pm-11:00pm- one caregiver and one medication technician
01/03: 7:00am-11:00am: one caregiver and one medication technician
12/29-01/04: 11:00pm-7:00am one caregiver and one medication technician

| APPLICABLE RULE | |
|------------------------|---|
| R 325.1931 | Employees; general provisions. |
| | (5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans. |
| ANALYSIS: | Interviews with staff, consideration of care needs as identified in their plans of care, along with schedule review revealed the facility has lack of staff to provide care to the residents. There are three residents that require two staff persons to assist, yet at times there are only two caregivers in that unit, indicating other residents that require supervision or assistance are without it during that time. |
| CONCLUSION: | VIOLATION ESTABLISHED |

ALLEGATION:

Residents do not receive showers.

INVESTIGATION:

The complainant alleged residents do not receive showers and there is no shower schedule at the facility. The complainant did not provide any Home for the Aged (HFA) resident names.

Administrator reported there is a facility shower schedule. Administrator reported caregivers do not have to document when a shower is provided. Administrator reported residents receive a least one shower a week. Administrator reported residents have a right to refuse their shower. Administrator reported she has not received any concerns from residents or family members regarding lack of showers.

SP1 reported residents receive showers at the facility. SP1 reported each resident receives at least one shower a week but usually two showers.

Resident A and Resident B reported they both receive showers at the facility.

While onsite at the facility, a resident was receiving a shower. I observed multiple residents in their apartments and in the common areas. All residents appeared to be well-kept.

I reviewed the shower schedule for the facility. The schedule revealed each resident that required assistance with showering was on a set schedule.

| 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: | Interviews conducted and observations made revealed lack of evidence to support this allegation. |
| CONCLUSION: | VIOLATION NOT ESTABLISHED. |

ADDITIONAL FINDINGS:

INVESTIGATION:

Review of Resident C's service plan revealed the following,

"Requires staff assistance with toileting needs. Foley catheter. Wheelchair, Hoyer, hospital bed. Requires staff assistance with mobility/ambulation."

Review of Resident E and Resident F's service plan revealed no information on the use of the sit-stand device and staff responsibility with this device.

| 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: | Review of Resident C's service plan revealed lack of detail on his specific care needs. While it indicates that Resident C requires staff assistance, it does not describe in detail the amount and type of assistance required. Similar findings were also noted with the service plans for Resident E and Resident F. |
| 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

01/09/2024

Kimberly Horst
Licensing Staff

Date

Approved By:

Andrea L. Moore

01/14/2025

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

Date