



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 14, 2021

Louis Andriotti, Jr.
Vista Springs Northview, LLC
Ste 110
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AL410400138
Investigation #: 2021A0357016
Vista Springs Terrace Cove

Dear Mr. Andriotti, Jr.:

Attached is the Special Investigation Report for the above referenced facility. No substantial violations were found.

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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B. Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AL410400138
Investigation #:	2021A0357016
Complaint Receipt Date:	04/15/2021
Investigation Initiation Date:	04/16/2021
Report Due Date:	05/15/2021
Licensee Name:	Vista Springs Northview, LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 364-4690
Administrator:	Susan Alveshere
Licensee Designee:	Louis Andriotti, Jr.
Name of Facility:	Vista Springs Terrace Cove
Facility Address:	3740 Vista Springs Ave NE Grand Rapids, MI 49525
Facility Telephone #:	(616) 364-4690
Original Issuance Date:	04/08/2020
License Status:	REGULAR
Effective Date:	10/08/2020
Expiration Date:	10/07/2022
Capacity:	20
Program Type:	ALZHEIMERS, AGED

II. ALLEGATION(S)

	Violation Established?
Staff don't allow Resident A to leave the facility and threatened to call the police if he leaves.	No
The facility is not following Resident A's special diet.	No

III. METHODOLOGY

04/15/2021	Special Investigation Intake 2021A0357016
04/16/2021	Special Investigation Initiated - Telephone Called the facility
04/16/2021	APS Referral APS denied.
05/06/2021	Inspection Completed On-site Reviewed Resident A's file.
05/06/2021	Contact - Face to Face I conducted Resident A face-to-face.
05/06/2021	Contact - Face to Face Interview with DE 'Lon Barry, Managing Partner, Administrator, Susan Alverase and Health and Wellness staff, Mackenzie Ferguson
05/07/2021	Contact - Telephone call made Interview with Jeremy Herr, Nurse Practitioner, Careline Physician Services.
05/07/2021	Contact - Telephone call made Conducted telephone interview with Resident A's Family Member.
05/10/2021	Contact – Document Received Incident / Accident Report received dated 05/08/2021
05/10/2021	Contact - Telephone call received From Resident A
05/10/2021	Contact – Telephone call received From Ms. Susan Alvehere, Administrator and Mackenzie Ferguson, Health and Wellness Director.

05/12/2021	Contact Document Received email From Susan Alveshire, Administrator.
05/12/2021	Contact – Telephone call Received from Resident A.
05/14/2021	Exit conference conducted by telephone with the Licensee Designee, Louis Andriotti, Jr.,

ALLEGATION: Staff don't allow Resident A to leave the facility and threatened to call the police if he leaves.

INVESTIGATION: On 04/15/2021, BCHS-Complaints received the following complaints. The original complaints came from Adult Protective Services, (APS) Kent County and the complaint was denied by APS. The complaint read as follows: *'The staff are feeding (Resident A) grain fed beef and not grass-fed beef. Grain fed beef promotes a higher rate of arthritis and heart disease. The staff have told (Resident A) that the beef is being served is grass fed; however, he checked, and it is grain fed. He does not want to further his chances of developing arthritis and heart disease. The staff will not allow (Resident A) to leave the facility against medical advice. They physically will not allow him to leave. They also threaten that if he does leave, they will call the police on him because he cannot drive. (Resident A) does not have a guardian. He is his own decision maker at this time.'*

On 05/06/2021, conducted a face-to-face interview with Resident A. He said he was living in Big Rapids when he fell and cracked ribs. After being in the local hospital in Grand Rapids, he said he was sent for long term rehabilitation and received medical care from Careline Physician Services and had been working with Jeremy Herr. He provided me with Mr. Herr's card which recorded: *'Jeremy Herr, MSN, APRN, FNP-BC, Nurse Practitioner.'* When he finished his rehabilitation, he said he was he was transferred to Vista Springs Terrace Cove for long term rehabilitation. He thought he had been at Vista Springs Terrace Cove for three months. He said he has an Arizona driver's license, and he has his vehicle parked at the facility. He stated he wanted to leave to go to Meijer's for supplies but was told that if he left, he would have to be quarantined for 14 days when he returned to the facility. I asked him if this was related to COVID-19. He did not know why he would have to be quarantined. He said: "They would not let me leave and they held me against my will." Resident A was unable to provide any date for this incident or any other time he wanted to leave. He stated further that he was told that he had to "Get something from the doctor, saying that he could leave the facility." He said: "They are in cahoots here." He stated that he was in fear of leaving because they told him that they would call the police, "And they would hunt me down." He said: "I have no restrictions." He went on to say that he has a girlfriend who has taken him to medical appointments, and he has also used Uber for his transportation for his appointments. He acknowledged that he had Parkinson's which he takes medications for regularly. He said that he does not have a court appointed guardian. I asked him if he has

fallen in Vista Springs Terrace Cove and he provided detail to explained that he had sat on the floor one time and “That this was not a fall.” He said he had no injuries, but the facility had insisted that he had fallen. He also explained another incident that they said he had fallen but he said it was not a fall. He was unable to provide any dates of these questionable falls. He stated that they have a false definition of falling. He also stated that he if he walks in the back yard of the facility the staff report him. “They make sure they are right on me and I cannot leave the premises. I can’t even walk in the parking lot.” Resident A stated that he gave a verbal notice to De’Lon Barry, Managing Partner, that he was leaving the facility in the first part of April 2021. He said he also told Mr. Barry last Tuesday that he was leaving. He acknowledged, that he has not put in writing that he is planning to leave the facility in 30 days. He reported that Mr. Barry was the one who told him he could not leave the facility to go to Meijer’s or other places. He provided me with the name and telephone number of his son, Family Member, and he gave me permission to talk to him. He also gave me permission to talk to Jeremy Herr, Nurse Practitioner. I asked Resident A if he had signed an Assessment Plan when he moved to the facility and he said he did not sign such a document.

On 05/06/2021, I conducted a face-to-face with De’Lon Barry, Managing Partner. Mr. Barry stated that Resident A had been on and off with wanting to stay at the facility. He denied telling Resident A that he could not leave the facility, but he did tell him he was not cleared to drive with emphasis on safety. He stated that he did tell Resident A that he would call the police if he left driving his truck because Mr. Herr said he could not drive and he had a mild cognitive impairment, was impulsive and had impaired thought organization. Mr. Barry reported that Resident A had made his own transportation arrangements for his various appointments, medical and others and he went to his appointments with others driving for him. Mr. Barry reported that Resident A told them he was leaving Vista Springs in March and he had told them just recently that he wanted to leave. He said that Resident A had “compulsive behaviors” and would often forget things. He said that his Family Member had recommended that Resident A stay at Vista Springs Terrace Cove. Mr. Barry explained that Resident A had fractured ribs originally. He reported that Resident A had frequent falls while in this facility. He said he would lose his balance and trip on himself. Mr. Barry reported that Resident A has a walker to use when he is walking. He said that he had difficulty in his bedroom with falling. He explained that Resident A was in a two resident bedroom but due to Resident A’s falling they took the bed and dresser out of his room to make it easier for him to get around. He said Resident A was planning to go camping in Petoskey, MI on 04/07/2021 for two weeks but he was not allowed to drive. He said that Resident A does not make rational decisions and “he has sporadic truth.” I asked to review Resident A’s assessment plan. The assessment plan was signed by Resident A on 01/27/2021 and the individual who completed the document was by “Chelsey Ricketts, S.W.” who signed on the same date. I asked who Chelsey Ricketts is and Mr. Barry did not know the name. He stated it was not one of their staff. The section of Social/Behavioral Assessment under section of “Moves Independently in Community,” was checked “No,” and it read “needs assistance w/mobility.”

On 05/06/2021, I conducted an interview with Susan Alveshere, Administrator. She reported that CarePatrol, Sara Schmidt, was the referral source for Resident A to come to their facility and they have been the liaison with Resident A's family. She did not know who Chelsey Ricketts is and she had signed the assessment. She thought it was from the Careline Physician Services and completed the document for Resident A's admission to their facility. She said there was an updated assessment plan which she provided to me and it was signed by Resident A and K. Busalacchi, their Health and Wellness Director. The assessment plan stated "No," for moving independently in the Community and it read "Needs Assistance." This document was signed by Resident A on 02/01/2021, Ms. Alveshere provided their form entitled "Cares Provided," for Resident A with no date or any signatures. This form indicated that Resident A had an assistive device of a 4 Wheeled Walker and a wheelchair. This form also said: *"Physical Disabilities – Gait Unsteady. Maintain highest possible level of functioning/quality of life with physical disabilities."* Ms. Alveshere also provide a copy of Resident A's, Vista Springs...Service Plan Overview dated 02/01/2021. Under the section of Ambulation Assistance and Supervision it stated he needed help from one staff, and they used a gait belt and walker. *"Encourage to call for assistance."*

On 05/06/2021, Ms. Alveshere and I reviewed Resident A's Health Care Appraisal, signed by Jennifer Nobert PA-C on 01/26/21 for an exam of 01/21/21. This form said to see attached information. The attached documents were from Resident A's hospitalization and recorded Resident A's Diagnosis by Dr. Shahnaz, dated 01/26/2021. *'Acute Posthemorrhagic Anemia...Contusion of Lower Back and Pelvis, Difficulty in Walking....History of falling... Unspecified Major Depression Disorder, Recurrent, Mild, Multiple Fractures of Ribs, Right Side, Subsequent Encounter for Fracture with Routine Healing, Muscle Weakness...Other Specified Anxiety Disorders, Parkinson's Disease, Type 2 Diabetes Mellitus...'* *"History of Present Illness: (Resident A) is a 65 year old male with a history of Parkinson's Disease, who has had repeated falls over the last year. Patient states that 1 month ago he had a fall, at which point he had significant bruising of his left lower extremity. Patient states he fell 2 days ago, at which point he injured his chest. Patient was seen the day prior in the Big Raids emergency department at which point he was diagnosed with muscle spasms. On 01/09/2021 patient fell again, at which point he states that he hit his head and landed on his left gluteal region. Patient went to Big Rapids Emergency Department, Patient had right 9 through 11 rib fractures, and a left hip hematoma, on CT scan...Parkinson disease, Decreased coordination, Decreased grip strength, Decreased pinch strength, Fall from ground level...Past Medical History, Diagnosis: Anxiety...Depression, Diabetes (HCC) type 2,..."* Kailyn S. Kwong Hing, MD on 01/10/21 wrote *"65 year old male presenting from OSH with Parkinson's disease with frequent falls this year presenting after 2 recent falls, one about a month ago, again 2 days ago and again day of presentation. At OSH he was found to have right rib fractures 9-11 and left leg hematoma..."*

On 05/06/2021, Ms. Alveshere provided a copy of an update by Jeremy Herr, Nurse Practitioner, dated 04/07/2021 regarding Resident A. His update read as follows: 'I

just received a phone call from (Resident A). He informed me that he has suddenly decided (just booked this week) to go up to Petoskey area to camp for some time (weeks to months). He has not thought this through and has not made appropriate plans to prepare for his. I informed him that he is not allowed to leave the facility or drive while we are working to determine his incapacitation status. The Behavioral Health team should be on site today to establish care. I have not yet received his report 3/26 neuropsych evaluation report. I did inform him that if he were to leave or to stop participating in his care plan that the police would be contacted and/or he would end up in the ER with a potential 72hr psych hold. I strongly recommended that he continue to stay at the facility and cooperate with everyone that is trying to help work through this process. He verbalized understanding and appreciation for this clarification. I will continue to provide updates as I am made aware.'

On 05/06/2021, Ms. Alveshere provide a copy of Careline Physician Services Order Form dated 04/29/2021 and signed by Jeremy Herr. This document recorded Resident A's Diagnoses: *'Mild cognitive impairment, Impulsive, Impaired thought organization, Parkinson Disease, Current moderate episode of major depressive disorder with prior episode.'* Ms. Alveshere stated that were trying to help Resident A in every way they knew how but he was not able to understand why they are explaining and advising him why he should not leave the facility especially related to Mr. Herr's recent diagnoses, of his mild cognitive impairment. With this recent information I suggested to Ms. Alveshere that they completed a new Assessment Plan with Resident A. Ms. Alveshere reported they would complete a new Assessment Plan with Resident A immediately. She reported that their Health and Wellness Director, Mackenzie Ferguson, would complete a new assessment and review the document with Resident A and ask him for his signature.

On 05/07/2021 I conducted a telephone interview with Jeremy Herr, Nurse Practitioner, from Careline Physician Services. He stated Resident A's recent diagnoses of Cognitive Impairment, Impulsive, Impaired though organization and a current moderate episode of major depressive disorder, would indicate that Resident should not be driving. He stated he was waiting for their Behavioral Health Services, to determine what Resident A's mental health status was if they were going to provide a mental health diagnosis. He stated after multi conversations with Resident A that he felt his anxiety and despair were increasing, and his Parkinson's Disease was getting worse. He said that Resident A is very impulsive and that "he is in a grey zone, related to his mental health." He also reported that they had worked with the Family Member to draft a DPOA and a medical decision maker. He also explained that Resident A had learned on the internet of a money-making situation from Africa, Zimbabwe, where he was convinced he would make millions of dollars and he invested some of his monies. He also stated that Resident A owes money to another care facility who had told him not to come back. Mr. Herr stated that Resident A's insight is poor.

On 05/07/2021, I conducted a telephone interview with Resident A's Family Member. He stated that he did not think that Resident A should be driving his truck. He

expressed concern for Resident A’s safety and the safety of other drivers. He explained the only way to get into the truck was on the passenger side because the driver side door was broken. He said the windows had a dark tint on them due to the sun in Arizona. He also stated that there were other problems with the truck, and it is a tough vehicle to drive. He said he understood that the physicians involved had determined that Resident A should not drive. The Family Member confirmed that Resident A is impulsive and has fallen many times. He said in the past he would get stuck between this bed and the wall and would not be able to get up. He said that Resident A cannot move out unless he has a place to go to. He also reported that one time Resident A had dropped his medications on the floor and he could not pick them up, so he did not take them. This was when he was taking his medications on his own. The Family Member stated that this was very concerning because he needs his medications. He was also aware of the monies to Zimbabwe. He stated that he thought that Resident A should give up his keys to his truck. He also reported that Resident A thinks he can hire a nurse to care for him in his own home when he can buy a home, but he does not have the financial resources to purchase a home. He said this was unrealistic.

On 05/14/2021, I conducted a telephone exit conference with the Licensee Designee, Louis Andriotti, Jr., and he agreed with my findings.

APPLICABLE RULE	
R 400.15304	Resident rights; licensee responsibilities.
	<p>(1) Upon a resident's admission to the home, a licensee shall inform a resident or the resident's designated representative of, explain to the resident or the resident's designated representative, and provide to the resident or the resident's designated representative, a copy of all of the following resident rights:</p> <p style="padding-left: 40px;">(b) The right to exercise his or her constitutional rights, including the right to vote, the right to practice religion of his or her choice, the right to freedom of movement, and the right of freedom of association.</p> <p>(2) A licensee shall respect and safeguard the resident’s rights specified in subrule (1) of this rule.</p>
ANALYSIS:	<p>Resident A reported that Mr. Barry told him he could not leave the facility and if he did, they would call the police.</p> <p>Mr. Barry denied telling Resident A that he could not leave the facility, but he explained why he should not leave the facility. He acknowledged that he told Resident A that he would call the police if he drove his vehicle because Ms. Herr had written that</p>

	<p>Resident A had a mild cognitive impairment, and he was impulsive with impaired thought organization.</p> <p>Resident A signed two Assessment Plans, dated 01/27/2021 and 02/01/2021, that stated he could not move independently in the community due to the need for assistance with mobility. Resident A did not remember signing the documents.</p> <p>Resident A acknowledged that he was being cared for by Careline Physicians Services, Jeremy Herr, Nurse Practitioner. In a memo dated 04/29/2021 by Mr. Herr, had recorded Resident A's Diagnoses of Mild impairment, Impulsive, Impaired thought organization, Parkinson disease and Current moderate episode of major depressive disorder.</p> <p>During this investigation there was no evidence found that the facility staff had actually stopped Resident A from freedom of movement but had explained the safety issues for driving with his current diagnoses.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION: The facility is not following Resident A's special diet.

INVESTIGATION: On 04/15/2021, BCHS-Complaints received the following complaints. The original complaints came from Adult Protective Services, (APS) Kent County and the complaint was denied by APS. The complaint read as follows: *'The staff are feeding (Resident A) grain fed beef and not grass-fed beef. Grain fed beef promotes a higher rate of arthritis and heart disease. The staff have told (Resident A) that the beef is being served is grass fed; however, he checked, and it is grain fed. He does not want to further his chances of developing arthritis and heart disease.'*

On 05/06/2021, I was at the facility and I reviewed Resident A's Health Care Appraisal with the attachments. In these documents for Resident A, there was no special diet prescribed. Resident A is on a "regular diet".

On 05/14/2021 I conducted a telephone exit conference with the Licensee Designee, Louis Andriotti, Jr., and he agreed with my findings.

APPLICABLE RULE	
R 400.15310	Resident health care.
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's

	physician or other health care professional with regard to such items as any of the following: (b) Special diets.
ANALYSIS:	Upon review of Resident A's file there was no special diet prescribed by his physician. The facility recorded his diet as regular.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

I recommend that the status of the license remain unchanged.

Arlene B. Smith

05/14/2021

Arlene B. Smith, MSW
Licensing Consultant

Date

Approved By:

Jerry Hendrick

05/14/2021

Jerry Hendrick
Area Manager

Date