



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 24, 2021

Dustin Burritt
Grand Vista Living, LLC
99 Vista Drive
Coldwater, MI 49036

RE: License #: AL130389471
Grand Vista Of Marshall 2
206 Winston Court
Marshall, MI 49068

Dear Mr. Burritt:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

Please contact me with any questions. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,



Dawn Campbell, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 899-5607

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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AL130389471

Licensee Name: Grand Vista Living, LLC

Licensee Address: 99 Vista Drive
Coldwater, MI 49036

Licensee Telephone #: (517) 227-4055

Licensee Designee: Dustin Burritt

Administrator: Dustin Burritt

Name of Facility: Grand Vista Of Marshall 2

Facility Address: 206 Winston Court
Marshall, MI 49068

Facility Telephone #: (269) 248-6226

Original Issuance Date: 11/26/2018

Capacity: 20

Program Type: AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/19/2021

Date of Bureau of Fire Services Inspection if applicable: 10/09/2020

Date of Health Authority Inspection if applicable: N/A

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 16
No. of others interviewed [redacted] Role: 0

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. Licensee does not keep resident funds.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

MCL 400.734 **400.734b. This amended section is effective January 9, 2009 except Section 734b(1)(e)(iv) after the word "or" which will not be effective until October 31, 2010.**

Employing or contracting with certain employees providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; failure to conduct criminal history check; automated fingerprint identification system database; report to legislature; costs; definitions.

- (1) Except as otherwise provided in subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents after April 1, 2006 until the adult foster care facility conducts a criminal history check in compliance with subsections (4) and (5).

Direct care staff Jennifer Hicks began employment at the facility on 12/08/2020. Ms. Hicks was not fingerprinted for employment until 05/14/2021 despite having direct access to residents since beginning her employment in December 2020.

R 400.15203 **Licensee and administrator training requirements.**

- (1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:
 - (a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

Licensee Designee Dustin Burritt did not have verification of completion of 16 hours of training for the years of 2019 and/or 2020 available for review at the time of the renewal inspection.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.

Licensee Designee Dustin Burritt did not have verification of a negative TB test result within the last three years available for review at the time of the renewal inspection.

R 400.15205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

Facility Administrator Dustin Burritt did not have verification that an annual review of his health status was completed at the time of the renewal inspection.

R 400.15206 Staffing requirements.

(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

Resident I has a physician order requiring two direct care staff members for assistance with transferring and completing other personal care tasks. A review of the May 2021 direct care staffing schedule determined that one direct care staff member is on duty during the evening shift at the facility. This is not sufficient to meet the personal care needs of Resident I.

REPEAT VIOLATION: SPECIAL INVESTIGATION #2021A0581025 CAP APPROVAL DATED 05/10/2021.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

During the renewal inspection, I reviewed 10 of 18 resident records. Four resident records including Resident A's, Resident B's, Resident D's, and Resident G's did not contain verification that written health care appraisals were completed within the 90-day period prior to their admission to the facility. Please note: the admissions of Residents A, B, D and G were determined not to be emergency admissions. Resident G's resident record did not contain an annual written health care appraisal for the year of 2020.

R 400.15301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the renewal inspection, I reviewed 10 of 18 resident records. Resident A's resident record did not contain a written assessment plan completed at the time of admission. Residents C's, F's and G's resident records did not contain written assessment plans completed annually.

**REPEAT VIOLATION: SPECIAL INVESTIGATION #2021A0581025 CAP
APPROVAL DATED 05/10/2021**

**R 400.15301 Resident admission criteria; resident assessment plan;
emergency admission; resident care agreement;
physician's instructions; health care appraisal.**

(9) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency, if applicable, at least annually or more often if necessary.

During the renewal inspection, I reviewed 10 of 18 resident records. The resident records of Residents C, F and G did not contain written resident care agreements completed annually.

R 400.15306 Use of assistive devices.

(3) Therapeutic supports shall be authorized, in writing by a licensed physician. The authorization shall state the reason for the support and the term of the authorization.

During the renewal inspection, I observed bedrails on the beds of Residents D, K and L. The resident records of Residents D, K and L do not contain written authorization from a licensed physician authorizing the use of bedrails, the reason for this assistive device and/or the term of authorization.

R 400.15312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being {333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

Prescription medications were observed in Resident A's, Resident M's, and Resident N's and were not locked as required.

R 400.15312 Resident medications.

(3) Unless a resident's physician specifically states otherwise in writing, the giving, taking, or applying of prescription medications shall be supervised by the licensee, administrator, or direct care staff.

During the renewal inspection, I reviewed the resident records of Residents A, M and N who were described by licensee designee Dustin Burritt as residents who independently administer their prescription medications. Upon review I found there was no physician's authorization in the resident records of Residents A, M and N giving permission for these residents to pass their prescription medication without supervision by the licensee, administrator, or direct care staff.

R 400.15401 Environmental health.

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

Water temperature in the facility kitchen was observed to be 130 degrees Fahrenheit. Water in resident rooms was observed to be 80 degrees Fahrenheit.

R 400.15410 Bedroom furnishings.

(5) A licensee shall provide a resident with a bed that is not less than 36 inches wide and not less than 72 inches long. The foundation shall be clean, in good condition, and provide adequate support. The mattress shall be clean, comfortable, in good condition, well protected, and not less than 5 inches thick or 4 inches thick if made of synthetic materials. The use of a waterbed is not prohibited by this rule.

Resident A has been allowed to sleep in a recliner chair and does not have bed in her room.

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

 05/24/2021

Dawn Campbell
Licensing Consultant

Date