



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

November 16, 2021

Louis Andriotti, Jr.
IP Vista Springs Timber Ridge Opco, LLC
Ste 110
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AL190383349
Investigation #: 2021A0466049
Vista Springs Timber Ridge, LLC

Dear Mr. Andriotti, Jr.:

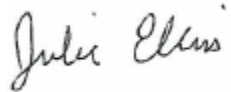
Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 responsible party 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) 284-9727.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL190383349
Investigation #:	2021A0466049
Complaint Receipt Date:	09/21/2021
Investigation Initiation Date:	09/21/2021
Report Due Date:	11/20/2021
Licensee Name:	IP Vista Springs Timber Ridge Opco, LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(303) 929-0896
Administrator:	Louis Andriotti, Jr.
Licensee Designee:	Louis Andriotti, Jr.
Name of Facility:	Vista Springs Timber Ridge, LLC
Facility Address:	16260 Park Lake Road East Lansing, MI 48823
Facility Telephone #:	(517) 339-2322
Original Issuance Date:	11/14/2016
License Status:	REGULAR
Effective Date:	05/14/2021
Expiration Date:	05/13/2023
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION:

	Violation Established?
Resident H was not administered her prescribed Warfarin (Coumadin) from 09/03/2021 through 09/17/2021.	Yes
Additional Finding	Yes

III. METHODOLOGY

09/21/2021	Special Investigation Intake 2021A0466049.
09/21/2021	Special Investigation Initiated – Telephone call with assigned licensing consultant Leslie Herrguth.
09/22/2021	Contact - Telephone call made to Complainant, interviewed.
09/30/2021	Inspection Completed On-site.
11/15/2021	Contact - Telephone call made to DCW Natasha Spagnuolo, message left.
11/15/2021	Contact – Document sent to Keith Fischer.
11/15/2021	Contact – Document received from Keith Fischer.
11/15/2021	Exit Conference with Louis Andriotti, Jr., message left.

ALLEGATION: Resident H was not administered her prescribed Warfarin (Coumadin) from 09/03/2021 through 09/17/2021.

INVESTIGATION:

On 09/21/2021, Complainant reported that Resident H was not administered prescribed Warfarin (Coumadin) from 9/3/21, the date that she was admitted to the facility through 9/17/21 when she was hospitalized for Atrial fibrillation. Complainant reported Resident H’s hospitalization could have been caused from her not being administered her prescribed Warfarin (Coumadin) medication. Complainant reported that as of 9/21/21, Resident H remains hospitalized. Complainant reported Resident A’s medication was at the facility and on the medication administration record (MAR) but was not administered.

On 09/22/2021, I reviewed Resident H’s *Medication Administration Record (MAR)* dated September 2021 which documented that Resident H was prescribed “Warfarin (Coumadin) 2mg tablet, take 1 tablet by mouth nightly.” Resident H’s MAR

documented that Resident H was not administered her prescribed Warfarin (Coumadin) on 09/03/2021, 09/11/2021, 09/16/2021 and 09/17/2021 as the boxes on the MAR are blank and without any DCWs initials in them, indicating that the medication was not administered. Additionally, I reviewed Resident H's *Med Pass History* which documented the following regarding Resident H's Warfarin (Coumadin):

- "9/04/2021- No med in cart.
- 9/05/2021- No med in cart.
- 9/06/2021- No med in cart.
- 9/07/2021- No med in cart.
- 9/08/2021- No med.
- 9/09/2021- out.
- 9/10/2021- No med.
- 9/12/2021- No med.
- 9/13/2021- No med.
- 9/14/2021- Refused other.
- 9/15/2021- No med."

On 09/22/2021, I reviewed a *Delivery Sheet* from Hometown Pharmacy which documented that on 09/03/2021, Natasha Spagnuolo signed for 30 Warfarin (Coumadin) 2mg tablets for Resident H.

On 09/30/2021, I interviewed Keith Fischer, Senior Managing Partner who reported that Resident H was not at the facility, she was still hospitalized. Mr. Fischer was not sure if an *Incident Report* had been completed.

On 11/15/2021, contacted Natasha Spagnuolo by phone twice and left a message for her to call me back. As of the writing of this report, Ms. Spagnuolo has not returned by telephone call.

On 11/15/2021, I sent Mr. Fischer an email and asked if he knew why Resident H had not been administered her prescribed Warfarin (Coumadin) and if any *Incident Reports* had been completed. Mr. Fischer responded that he would check.

APPLICABLE RULE	
R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

ANALYSIS:	Resident H's <i>Medication Administration Record (MAR)</i> dated September 2021 documented that Resident H was prescribed "Warfarin (Coumadin) 2mg tablet, take 1 tablet by mouth nightly." Based on the review of Resident H's MAR, Resident H was not administered her prescribed Warfarin (Coumadin) on at least 09/03/2021, 09/11/2021, 09/16/2021 and 09/17/2021 therefore a violation has been established because Resident H's medication was not administered as prescribed.
CONCLUSION:	VIOLATION ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

On 09/30/2021, I interviewed Mr. Fischer, who reported Resident H was not at the facility, she was in the hospital. Mr. Fischer reported that Resident H was hospitalized on 9/17/2021. Mr. Fisher was not aware if an incident report had been completed.

APPLICABLE RULE	
R 400.15311(1)	Investigation and reporting of incidents, accidents, illnesses, absences, and death.
	(1) A licensee shall make a reasonable attempt to contact the resident's designated representative and responsible agency by telephone and shall follow the attempt with a written report to the resident's designated representative, responsible agency, and the adult foster care licensing division within 48 hours of any of the following: (b) Any accident or illness that requires hospitalization.
ANALYSIS:	The department did not receive an incident report within 48 hours of Resident H's hospitalization on 09/17/2021 therefore a violation has been established.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent on an acceptable corrective action plan, I recommend no change in the license status.

Julie Elkins

11/15/2021

Julie Elkins
Licensing Consultant

Date

Approved By:

Dawn Timm

11/16/2021

Dawn N. Timm
Area Manager

Date