

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

February 23, 2022

Louis Andriotti, Jr. Vista Springs Riverside Gardens LLC 2610 Horizon Dr. SE Grand Rapids, MI 49546

RE: License #: AH410397993 Investigation #: 2022A1021026

Vista Springs Riverside Gardens

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 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,

KinveryHosa

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
	000044004000
Investigation #:	2022A1021026
Complaint Receipt Date:	01/31/2022
	0 1/0 1/2022
Investigation Initiation Date:	01/31/2022
	00/00/0000
Report Due Date:	03/02/2022
Licensee Name:	Vista Springs Riverside Gardens LLC
Licensee Hame.	Vista Opinigo Niverside Cardens ELO
Licensee Address:	Ste 110
	2610 Horizon Dr. SE
	Grand Rapids, MI 49546
Licensee Telephone #:	(616) 259-8659
Licensee Telephone #:	(010) 239-0039
Administrator:	Susan Alveshere
Authorized Representative:	Louis Andriotti, Jr.,
Nome of Facility:	Vieta Covinga Diversida Cardona
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
Original issuance bate.	OTTELIEUZU
License Status:	REGULAR
Effective Date:	01/22/2022
Expiration Date:	01/21/2023
Expiration Date.	01/21/2020
Capacity:	70
Program Type:	AGED

II. ALLEGATION(S)

Violation Established?

Resident A and B issued improper discharge.	Yes
Additional Findings	No

III. METHODOLOGY

01/31/2022	Special Investigation Intake 2022A1021026
01/31/2022	Special Investigation Initiated - Telephone interviewed complainant
02/04/2022	Inspection Completed On-site
02/07/2022	Contact - Telephone call made interviewed Emmanuel Hospice
02/07/2022	Contact - Telephone call made interviewed Home MD Health
02/08/2022	Contact-Telephone call made Interviewed shift supervisor Kathy Andrews
02/11/2022	Contact-Telephone call made Interviewed medication technician Brittany Fletcher
02/23/2022	Exit Conference Exit Conference with authorized representative Louis Andriotti, Jr.

ALLEGATION:

Resident A and B issued improper discharge

INVESTIGATION:

On 1/31/22, the licensing department received an intake with allegations Resident A and B were issued an improper notice of discharge.

On 1/31/22, I interviewed the complainant by telephone. The complainant alleged the facility is discharging the residents because of increased care needs. The complainant alleged the residents care needs are not outside the facility scope of practice.

On 2/4/22, I interviewed administrative assistant Tasha Hall at the facility. Ms. Hall reported Resident A and Resident B are outside the facility scope of practice. Ms. Hall reported Resident A is active with Emmanuel Hospice and has a private duty caregiver to assist with cares. Ms. Hall reported the facility is working to coordinate cares, such as showers, with the outside agencies because cares are being duplicated. Ms. Hall reported Resident A is now a total assist with feeding, which the facility can not provide. Ms. Hall reported Resident B has chronic urinary tract infections (UTI) which are difficult to diagnose and treat. Ms. Hall reported a referral has been placed for urology for Resident B. Ms. Hall reported Resident B is often incontinent and requires multiple checks and changes.

On 2/4/22, I interviewed Susan Alveshere at the facility. Ms. Alveshere reported Resident A is a total assist and is bed bound. Ms. Alveshere reported Resident A requires 1:1 feeding which the facility can not provide. Ms. Alveshere reported Resident B is incontinent which is an increased care need for Resident B.

On 2/7/22, I interviewed Home MD Health nurse practitioner Jennifer White by telephone. Ms. White reported Resident B has urinary incontinence and often refuses to go to the bathroom. Ms. White reported Resident B has frequent UTI's and a referral has been placed to urology. Ms. White reported Resident B has no skin breakdown due to the urinary issues. Ms. White reported Resident B might need a catheter, but the urologist will make that determination.

On 2/7/22, I interviewed Emmanuel Hospice case manager Audrey Post by telephone. Ms. Post reported that Resident A is a total assist with all cares and is bed bound. Ms. Post reported that Resident A does require nursing oversight, especially with change in condition and medication management, but does not require continuous nursing services.

On 2/8/22, I interviewed shift supervisor Kathy Andrews by telephone. Ms. Andrews reported caregivers are not always required to stay and feed Resident A. Ms. Andrews reported at times Resident A is able to feed himself.

On 2/11/22, I interviewed medication technician Brittany Fletcher by telephone. Ms. Fletcher reported Resident A does require assistance with eating but not all the time. Ms. Fletcher reported at times Resident A is able to feed himself and therefore staff members do not need to stay in the room during mealtimes.

I reviewed Resident A's service plan. The service plan read,

"Provide assistance with eating. Encourage resident to feed self, if able, assist when needed. If resident has private home care or hospice scheduled, please verify task is complete."

I reviewed Resident B's service plan. The service plan read,

"Provide assistance with toileting needs. Resident is a two assist on and off the toilet. Please check on resident every 2 hours while awake and change brief when needed. Please change the resident every four hours during sleep."

I reviewed Vista Springs Program Statement. The program statement read, "Vista Springs cannot provide the following supports

- 1. Bedfast person requiring constant professional nursing care, with the exception of a licensed hospice program.
- 2. Individual presenting behavior that is harmful to themselves or others.

I reviewed the discharge notice provided to Resident A and Resident B. The notice read.

"First, we have really enjoyed you both as a lovely wonderful couple, and we are so grateful to have been able to spend this time with you. We have had ongoing concerns since October of 2021 about your increased medical needs. We have been in ongoing discussions with your son and your health care providers about these issues.

As a Home for the Aged Assisted Living, we have been working for a long time on your individual care needs that has now gone beyond the scope of what we can do in assisted living.

(Resident B): As a team along with your health care provider Jennifer White, NP: We feel strongly that you will do much better with your increased medical needs regarding Hydrocephalus and Urology that you would be better suited in a 24-hour licensed medical care facility. In working with your primary care medical team, it was suggested to us that you are better suited for a Skilled Nursing facility due to these increased medical needs.

(Resident A): Although we are happy to work with hospice and home health care, we are unable to provide feeding three times a day in addition to the other cares. (Relative A1) has hired a home health care aide three times a week to help Monday, Wednesday and Fridays. We appreciate the increased help on these days, but the ongoing assistance is in need seven days a week three times a day. This type of assistance is outside our capabilities. Due to the nature of the need, our Health and Wellness team has suggested that you be placed in a Skilled Nursing facility that has the capability to meet these needs.

If you have any questions on this matter, you or any other Designated Representative may reach out to Department of Human Services Home for the

Aged and file a complaint with our Licensure. If the department finds that the resident was discharged in violation of these rules or the home's discharge policy, then the resident may return to the first available bed in the home that can meet the resident's needs as identified in the resident's service plan.

Vista Springs will make every effort to help find alternate placement to assist in relocation. The State Licensing consultant for our Home for the Aged License has been notified of this 30-day notice, as part of our responsibility of our Licensure. We have a discharge date of March 14, 2022, with the understanding that if there are difficulties in finding an appropriate location to move to we can discuss alternative dates. If you have any further questions, please contact Jennifer Slater and/or Susan Alveshere at Vista Springs Riverside Gardens."

ADDITION DI E DITIE

APPLICABLE RU	APPLICABLE RULE		
MCL 333.20201	Policy describing rights and responsibilities of patients or residents; adoption; posting and distribution; contents; additional requirements discharging, harassing, retaliating, or discriminating against patient exercising protect rightl exercise of rights by patient's representative informing patient or resident of policy; designation of person to exercise rights and responsibilities; additional patients' rights; definitions.		
	(3) The following additional requirements for the policy described in subsection (2) apply to licensees under parts 213 and 217:		
	(e) A home for the aged resident may be transferred or discharged only for medical reasons, for his or her welfare or that of other residents, or for nonpayment of his or her stay, expect as provided by title XVIII or XIX. A nursing home patient may be transferred or discharged only as provided in sections 21773 to 21777. A nursing home patient or home for the aged resident is entitled to be given reasonable advance notice to ensure orderly transfer or discharge. Those actions shall be documented in the medical record.		
ANALYSIS:	Resident A and Resident B were provided a discharge notice due to increased care needs. However, the notice did not provide specific increased care needs that the facility is unable to provide. With Resident B, the need for urology is not an increased care need as Resident B has had reoccurring urination issues since admission. With Resident A, the program statement of the facility does not state the facility cannot provide feeding assistance and interviews with caregivers revealed Resident A does not constantly require 1:1 feeding assistance.		

CONCLUSION:	VIOLATION ESTABLISHED
	Interviews with outside agency revealed Resident A does not require continuous nursing services. Due to this, Resident A and Resident B were issued an improper discharge.

On 2/23/22, I completed an exit conference with authorized representative Louis Andriotti, Jr. by telephone.

IV. RECOMMENDATION

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

Kimberyttooa	2/11/2022
Kimberly Horst Licensing Staff	Date
Approved By:	
(mched) Maore	02/22/2022
Andrea L. Moore, Manager Long-Term-Care State Licensi	Date ng Section