



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 8, 2022

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

RE: License #: AL190383349
Investigation #: 2022A0783047
Vista Springs Gardenside at Timber Ridge

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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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.

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,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(517) 256-2181

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL190383349
Investigation #:	2022A0783047
Complaint Receipt Date:	06/16/2022
Investigation Initiation Date:	06/16/2022
Report Due Date:	08/15/2022
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:	Jenny Bishop
Licensee Designee:	Louis Andriotti, Jr.
Name of Facility:	Vista Springs Gardenside at Timber Ridge
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:	06/21/2022
Expiration Date:	06/20/2024
Capacity:	20
Program Type:	ALZHEIMERS AGED

II. ALLEGATION(S)

	Violation Established?
Staff members sleep while working third shift.	No
Staff members vape inside the facility and smoke marijuana on the facility property.	No
Staff members are not required to get a pre – employment physical within 30 days nor tuberculosis screening upon the assumption of duties at the facility.	Yes
Direct care staff are not being trained in passing medications prior to performing the job duty.	No
Medications are being left unattended on the dining room table next to the residents.	Yes
Emergency and evacuation procedures (fire drills) were not practiced as required from February – May 2022.	No
Staff members are not trained in how to safely evacuate residents in the event of a fire.	No
There are bedbugs in the facility and residents have been bitten.	No

III. METHODOLOGY

06/16/2022	Special Investigation Intake - 2022A0783047
06/16/2022	Special Investigation Initiated -Telephone call with Complainant who verified the allegations in the written complaint
06/23/2022	Contact - Telephone call made to Complainant
06/23/2022	Inspection Completed On-site
06/23/2022	Contact - Face to Face interviews with direct care staff member Koda Segac and facility management members Jenny Bishop, Katelyne Dobson, Katie Noiles, and Randy Morgan
06/27/2022	Contact - Document Received - Facility written policy on sleeping while on duty
06/29/2022	Contact - Document Received - Former administrator Susan O'Dell's employee record

07/12/2022	Inspection Completed On-site
07/12/2022	Contact - Face to Face interview with Resident A
07/12/2022	Contact - Telephone call made to Bureau of Fire Services (BFS) Inspector Cory Irvin
08/01/2022	Contact - Telephone call made to direct care staff members Alyssa Tubandt, Nyla Carter, Jessica Kalka, Amber Stanton, and Michael Allen
08/02/2022	Inspection Completed On-site
08/02/2022	Contact - Face to Face interview with Resident B
08/04/2022	Exit conference with Jenny Bishop

ALLEGATION:

- **Staff members sleep while working during third shift.**
- **Staff members smoke marijuana on the property and vape inside the facility.**

INVESTIGATION:

On June 16, 2022, I received a complaint via centralized intake that stated staff members who are responsible for providing resident care during third shift at the facility are sleeping rather than providing resident care.

On June 23, 2022, I spoke to Complainant who said she directly observed staff members sleeping at the facility during third shift. Complainant said she reported her concerns to the licensee designee, but nothing was done. Complainant could not specify any specific resident care tasks that were not completed while staff members were allegedly asleep. Complainant said assistant administrator Katelynn Dobson vaped in her office inside the facility and staff members smoked marijuana on the property.

On June 23, 2022, July 12, and August 2, 2022, I completed unannounced onsite investigations at the facility and observed no indication that any staff member was vaping or smoking marijuana on the facility property nor did I observe any staff members sleeping.

On June 23, 2022, I interviewed assistant administrator Katelyne Dobson who denied that she vapes at all let alone inside her office at the facility. Ms. Dobson said she has never seen any staff member vaping nor smoking marijuana at the facility. Ms. Dobson stated she has visited the facility on multiple occasions after it was reported that two staff members slept while on duty at the facility. Ms. Dobson said those two staff members were reprimanded and will be terminated if found sleeping at the facility again. Ms. Dobson said at a staff meeting was held where all staff members were reminded of the facility personnel policy regarding sleeping and all signed a statement that they understood. Ms. Dobson said no staff members have been found sleeping while on duty since the staff meeting.

On June 23, 2022, I interviewed facility administrator Jenny Bishop who stated shortly after she became administrator, she and Katelyn Dobson, assistant administrator, did unannounced visits to the facility during third shift because of reports of staff members sleeping on duty during third shift and observed two staff members sleeping on different occasions. Ms. Bishop said the staff members were given written reprimands and notified if it happens again it will lead to termination. Ms. Bishop reported at one of the staff meetings they reviewed the personal policy regarding sleeping and all staff have resigned the personal policy. Ms. Bishop stated there have been no further reports of staff members sleeping during third shift. Ms. Bishop denied that she ever saw Ms. Dobson nor any other staff member vape inside the facility nor smoke marijuana on the facility property.

On June 23, 2022, I interviewed facility wellness director Katie Noiles who said she lives in the facility and does surprise rounds throughout the facility during third shift and has not found any staff members sleeping. Ms. Noiles denied she ever observed Ms. Dobson vaping in the facility and that she ever saw any other staff member vaping or smoking marijuana on the facility property.

On June 23, 2022, I interviewed residential services director Randy Morgan who said he is in the facility early in the morning and visits the facility unannounced during the third shift and has not witnessed any direct care staff members sleeping during their shift in over a year. Mr. Morgan reported it has not been brought to his attention nor has he suspected or witnessed any form of staff vaping or smoking marijuana at the facility nor on the property.

On August 1, 2022, I spoke to direct care staff members Alyssa Tubandt, Nyla Carter, Jessica Kalka, Amber Stanton and Michael Allen who all stated they have not slept while on duty at the facility nor have they seen anyone else sleeping. Ms. Carter, Ms. Kalka, Ms. Stanton, and Mr. Allen said they regularly work during third shift and have not seen any staff member asleep while on duty at the facility. All staff members interviewed reported the facility has a no smoking policy on the property and they have not witnessed anyone vaping while in the building nor have they seen

nor suspected anyone being under the influence of marijuana or smoking marijuana while working.

On July 12, 2022, I interviewed Resident A who said she is regularly awake during third shift and has never seen a staff member asleep. Resident A said staff members have always met all her needs including during third shift. Resident A said she regularly walks her dog around inside the facility and on the facility grounds and has never seen anyone vaping or smoking marijuana anywhere on the property.

On August 2, 2022, I interviewed Resident B who said she has never seen a staff member asleep at the facility and has never gone without assistance during any shift at any time. Resident B denied that she has seen any staff member vape nor smoke marijuana inside the facility or on the property.

On June 27, 2022, Jenny Bishop, Administrator provided a copy of Vista Springs Personal Policy addressing sleeping on duty which may lead to disciplinary action, verbal and/or written warning, suspension, and possible termination of employment.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(2) Direct care staff shall possess all of the following qualifications: (a) Be suitable to meet the physical, emotional, intellectual, and social needs of each resident. (b) Be capable of appropriately handling emergency situations.

ANALYSIS:	Based on interviews with Complainant, Ms. Dobson, Ms. Bishop, Ms. Noiles, Mr. Morgan, Ms. Tubandt, Ms. Carter, Ms. Kalka, Ms. Stanton, Mr. Allen, Resident A, and Resident B as well as my observations at three unannounced onsite investigations, I determined Ms. Bishop observed two staff members sleeping during their shift and immediately disciplined both staff members in writing and conducted a staff meeting. There was lack of evidence that since the staff meeting and in recent months direct care staff members slept while on duty during third shift. It has been found staff members have provided supervision, safety and protection to residents while working during third shift. The investigation did not reveal any evidence that Ms. Dobson nor any other staff member have vaped inside the facility nor that staff members smoked marijuana on the facility property.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Staff members are not required to get a pre – employment physical within 30 days nor tuberculosis screening upon the assumption of duties at the facility.

INVESTIGATION:

On June 16, 2022, I received a complaint via centralized intake that stated direct care staff members are not required to complete a physical and tuberculosis screening upon hire.

On June 23, 2022, I spoke to Complainant who said Susan O’Dell, former facility employee did not complete a physical nor a tuberculosis (TB) screening upon being hired at the facility in April 2022. Complainant reported Ms. O’Dell is no longer employed at the facility. Complainant stated newly hired direct care staff members are not required to produce proof of health nor that they are free from TB.

On June 23, 2022, July 12, 2022, and August 2, 2022, I completed unannounced onsite investigations at the facility and reviewed current staff schedules and determined that there were seven employees in total on the current employee schedules. I requested and reviewed employee files for each of those direct care staff members and determined that two of the seven current direct care staff members did not have a TB test prior to their assumption of duties at the facility and did not complete a pre – employment physical within 30 days of their employment at the facility. Specifically, staff member Koda Segac’s employee record did not contain verification that she completed a pre – employment physical nor TB test and Jessica

Kalka's employee record did not contain written verification that she completed a pre – employment physical not TB test.

On June 29, 2022, administrator Jenny Bishop provided a copy of former employee Susan Odell's employee record which did not have a current TB test or physical. Ms. Bishop provided a copy of Ms. Odell's termination letter dated June 6, 2022, which verified that Ms. Odell is no longer employed at the facility.

On June 23, 2022, I spoke to direct care staff member Koda Segac who stated when she began her employment at the facility, she was directed to Work Health Occupational Medical Center to obtain a physical and tuberculosis screening. On August 1, 2022, I interviewed direct care staff members Alyssa Tubandt, Nyla Carter, Jessica Kalka, Amber Stanton, and Michael Allen who stated when they began their employment at the facility, they were directed to Work Health Occupational Medical Center to obtain a physical and tuberculosis screening.

APPLICABLE RULE	
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.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.

ANALYSIS:	Based on a statement from Complainant as well as my observations of employee files reviewed on three separate unannounced visits at the facility, I determined that former employee Susan O'Dell did not complete a TB test or physical prior to her assumption of duties or within 30 days of employment at the facility nor did direct care staff members Koda Segac and Jessica Kalka.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

- **Direct care staff are not being trained in passing medications prior to performing the job duty.**
- **Medications are being left unattended on the dining room table next to the residents.**

INVESTIGATION:

On June 16, 2022, I received a complaint via centralized intake that stated facility staff members were not trained before being expected to administer medications to residents. The written complaint stated, "I know because I had to work the cart and never had one minute of training."

On June 23, 2022, I interviewed Complainant who stated they worked as a direct care staff member and administered medications but was not trained at the facility. Complainant reported they had medication administration training at a previous job but did not receive updated training or refresher course from current employment at Vista Springs Gardenside at Timber Ridge. Complainant reported they feel competent in administering medications but feel all staff should be retrained to administer medication at every facility which is not happening.

On June 23, 2022, July 12, 2022 and August 2, 2022, I completed unannounced onsite investigations at the facility. On June 23, 2022, upon walking into the building I observed three residents sitting at a table eating lunch and one of them had a small cup of medications on the table next to her. There was one direct care staff member working who left the residents and the medication unattended while she came to the door to let me into the facility. During the inspection on June 23, 2022, I interviewed direct care staff member Koda Segac who acknowledged that she "left the med[ication] cup on the table and was walking back and forth" and thereby not supervising the resident while she took her medication. Ms. Segac said she was trained to administer medication and that she was trained to "make sure the resident takes" the medication, "but that doesn't always happen." While onsite I toured the entire facility including every resident bedroom and found empty medication cups in

a resident bedroom that could indicate resident was not supervised while taking medications.

On June 23, 2022, July 12, 2022, and August 2, 2022, during onsite investigations I reviewed seven employee files for staff members who administer medications as part of their job, which is every staff member on the employee schedules provided at the inspections. I observed that seven of seven employee records reviewed contained written documentation that those staff members were trained and deemed competent to administer medication at the facility.

On July 12, 2022, I interviewed Resident A who said various staff members regularly leave her pills in a small medication cup in her room and do not stay to ensure Resident A takes the medication. Resident A stated she asked staff members to stop doing that and stated she typically approaches the medication technician in the common area “at pill time” so she can get her medication without having it left on a table in her bedroom. While interviewing Resident A she showed me multiple empty medication cups in her bedroom.

On August 1, 2022, I interviewed direct care staff members Alyssa Tubandt, Nyla Carter, Jessica Kalka, Amber Stanton, and Michael Allen who all administer medication at the facility as part of their job description. Each employee denied that they have ever left a medication cup with pills in it at the dining table nor anywhere else in the facility. Each staff member stated they prepare and administer each resident’s medications separately so they can adequately supervise each resident while he/she takes their medication. Each staff member stated they were trained in a classroom, followed by shadowing an experienced employee for several shifts, and then being observed by a nurse who ensured they were competent before they administered medication at the facility.

On June 23, 2022, I interviewed facility administrator Jenny Bishop who reported since she became the administrator in April 2022 all newly hired direct care staff members who administer medications have been trained by attending a medication administration class taught by a licensed practical nurse or registered nurse. Ms. Bishop reported the class is approximately four hours long and consists of lectures, videos, power point presentations, and hands - on training. Ms. Bishop reported once staff have completed the class, they shadow a trained staff for three or four days and then a manager observes and signs off that the staff member is proficient/competent in administering medications. Ms. Bishop reported staff members are trained to administer medications to one resident at a time and supervise the resident to be sure the medication was consumed. Ms. Bishop denied that staff members leave medications in cups on the dining room table nor anywhere else at the facility.

APPLICABLE RULE	
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.
ANALYSIS:	Based on my observations at the unannounced onsite inspection I determined that Ms. Segac did not supervise the resident while she took her medication when she left the resident's medication in a medication cup at the table where the resident was sitting with two other residents. During my interview with Ms. Segac, she acknowledged that she did not supervise the resident after she put her medication on the table and that she was "walking back and forth." Further, Resident A reported and produced evidence that various staff members have left medication in her bedroom and did not watch her take the medication.
CONCLUSION:	VIOLATION ESTABLISHED

APPLICABLE RULE	
R 400.15312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (a) Be trained in the proper handling and administration of medication.
ANALYSIS:	Based on reviewing seven of seven employee records and interviewing six of seven employees I determined staff members were trained in the proper handling and administration of medication.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

- **Emergency and evacuation procedures (fire drills) were not practiced as required from February – May 2022.**
- **Staff members are not trained in how to safely evacuate residents in the event of a fire.**

INVESTIGATION:

On June 16, 2022, I received a complaint via centralized intake that stated fire drills are not completed as required.

On June 23, 2022, I spoke to Complainant who said from February – May 2022 one fire drill was completed during daytime hours and no staff member “knew where to go or what to do.”

On June 23, 2022, I reviewed written emergency and evacuation (fire drill) documentation for the facility from February – May 2022, which includes part of quarter one and part of quarter two of the calendar year. I found that emergency and evacuation procedures were practiced on February 22, 2022, April 8, 2022, and May 27, 2022. I noted that on March 30, 2022, emergency and evacuation procedures were reviewed and discussed with staff members.

On June 23, 2022, I interviewed residential services director Randy Morgan who said he is in attendance at all fire drills. Mr. Morgan explained the fire drill procedure is that he initiates the fire alarms, one staff member goes to the panel to determine the location of the fire, and calls 911, while the other staff member starts evacuating residents. Mr. Morgan said both staff members complete the fire drill by checking under beds, closets and bathrooms when evacuating residents to ensure everyone is out safely and gathering residents in a safe meeting area. Mr. Morgan said staff members put a piece of clothing on the door handle of each room verifying the room has been fully checked and evacuated. Mr. Morgan said staff members take the facility laptop, paper medication administration record (MAR), and resident register outside before taking attendance and then take residents back inside. Mr. Morgan said he has observed that staff members understand and demonstrate knowledge of how to safely evacuate each resident. Mr. Morgan reported fire drills are completed at each facility monthly, one during each shift which are from 7:00am-3:00pm, 3:00pm-11:00pm, and 11:00pm-7:00am. Mr. Morgan said he uses a software program that produces a reminder when a required fire drill is needed. Mr. Morgan reported the staff are trained in fire evacuation and safety upon hire by watching a watching DVD training, reviewing written policy and procedures, touring all buildings, and demonstrating how to use a fire extinguisher, the pull stations, and the panel. Mr. Morgan explained the “discussion” fire drills were done due to COVID-19 positive residents who needed to maintain social distancing and quarantining guidelines. Mr. Morgan said if they could not run a complete fire drill the staff

members met with him to review the policy and procedures of a fire drill, get questions answered, and then participated in a mock drill without removing the residents from the facility due to the residents quarantining or social distancing.

On June 23, 2022, I interviewed facility administrator Jenny Bishop who stated she began working at the facility in April 2022 and that she observed fire drills in April and May 2022. Ms. Bishop stated fire drills are done monthly and rotate between day, evening, and sleeping hours each month. Ms. Bishop stated residential services coordinator Randy Morgan is responsible for scheduling and supervising fire drills and that she ensures that the drills are completed each month. Ms. Bishop said the fire drills are simulated to be “as real as possible” and that Mr. Morgan initiates the fire alarms, simulates the location of the fire, and expects staff members to safely evacuate each resident. Ms. Bishop stated staff members are trained to complete emergency and evacuation procedures via lecture style and hands – on learning techniques and that every employee is trained.

On July 12, 2022, I interviewed Resident A who stated unannounced fire drills are conducted frequently during various hours of the day. Resident A said she can evacuate the facility independently and has observed that staff members adequately assist others with evacuating the facility during a fire drill.

On June 23, 2022, I interviewed direct care staff member Koda Segac who stated she works during daytime hours from 7:00 am to 3:00 pm and that fire drills are completed quarterly during her shift. Ms. Segac stated she was trained and understands the proper procedures for evacuating residents from the facility in an emergency. Ms. Segac said when the fire alarms are initiated one staff member goes to the panel to determine the location of the fire, and calls 911, while the other staff member starts evacuating residents. Ms. Segac said both staff members are expected to check under beds, closets and bathrooms when evacuating residents to ensure everyone is out safely and gathering residents in a safe meeting area. Ms. Segac said residential services director Randy Morgan observes the fire drills and provides feedback to staff members.

On August 1, 2022, I spoke to direct care staff member Alyssa Tubandt who stated she works during evening and sleeping hours from 3:00 pm to 11:00 pm or 11:00 pm to 7:00 am. Ms. Tubandt stated she was trained in the entire emergency and evacuation procedure and that she understands and has practiced evacuating residents from the facility. Ms. Tubandt stated she has always participated in full fire drills where the alarm is initiated, and staff members are expected safely evacuate all residents from the facility.

On August 1, 2022, I spoke to direct care staff member Nyla Carter who stated she works during evening and sleeping hours from 3:00 pm to 11:00 pm or 11:00 pm to 7:00 am. Ms. Carter said staff members are trained via lecture style and hands – on practices to practice emergency and evacuation procedures. Ms. Carter said during a fire drill the fire alarms are initiated and one staff member determines the location

of the fire, and calls 911, while the other staff member starts evacuating residents. Ms. Carter said both staff members are expected to ensure everyone is out safely and for gathering residents in a safe meeting area. Ms. Carter said residential services director Randy Morgan observes the fire drills and provides feedback to staff members. Ms. Carter expressed that she is comfortable in her knowledge of how to handle a fire at the facility should that occur.

On August 1, 2022, I spoke to direct care staff member Jessica Kalka who said she works during evening and sleeping hours from 3:00 pm to 11:00 pm or 11:00 pm to 7:00 am. Ms. Kalka said she was trained in the entire emergency evacuation, or fire drill procedure from the point that the fire alarm sounds to the point it is safe to assist residents back into the building. Ms. Kalka said emergency and evacuation procedures are practiced monthly and done during different shifts. Ms. Kalka said she is comfortable that she could safely evacuate every resident from the facility in the event of a fire.

On August 1, 2022, I spoke to direct care staff member Amber Stanton who said she works during sleeping hours from 11:00 pm to 7:00 am and that emergency and evacuation procedures are practiced during her shift, "all the time," and at least quarterly if not more often. Ms. Stanton said she was trained to complete fire drills by facility residential services director Randy Morgan and that her training involved lecture style and hands – on teaching techniques which she believes fully prepared her to safely evacuate residents from the facility.

On August 1, 2022, I spoke to direct care staff member Michael Allen who said he works during evening and sleeping hours from 3:00 pm to 11:00 pm or 11:00 pm to 7:00 am. Mr. Allen said emergency and evacuation procedures are practiced regularly during his shift and that he was trained and feels prepared to safely evacuate every resident from the facility.

On July 12, 2022, I contacted Bureau of Fire Services (BFS) inspector Cory Irvin who said he advised Randy Morgan on October 11, 2021, staff members should begin completing full emergency and evacuation procedures wherein residents are evacuated from the building unless they had residents with a current COVID-19 diagnosis. Mr. Irvin said he advised Mr. Morgan that if there was an active case of COVID-19 in the facility then they should follow the procedures outlined by LARA to avoid cross contamination of the residents. Per the LARA COVID – 19 frequently asked questions dated January 27, 2022, emergency and evacuation procedures may be modified for isolation areas to ensure proper infection control. For example, if a resident is under quarantine within the facility, that resident is not expected to participate. However, the remainder of facility must conduct drills as normal. Patient isolation areas that are not part of the drill should be documented and additional documented staff training should be implemented for those areas. BFS inspectors are available to you to assist in determining appropriate drill procedures for your facility.

APPLICABLE RULE	
R 400.15318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
ANALYSIS:	Based on a statement from Complainant emergency and evacuation procedures were only practiced on one occasion and no staff member understood how to properly evacuate each resident between February and May 2022. Written documentation at the facility and statements from Mr. Morgan, Ms. Bishop, Resident A, Ms. Segac, Ms. Tubandt, Ms. Carter, Ms. Kalka, Ms. Stanton, and Mr. Allen there is lack of evidence to indicate that emergency and evacuation procedures (fire drills) were practiced only once from February – May 2022 nor that staff members did not understand how to safely evacuate each resident.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are bedbugs in the facility and residents have been bitten.

INVESTIGATION:

On June 17, 2022, I received an anonymous complaint via centralized intake that stated there was an ongoing issue with bedbugs, which was not being addressed. The anonymous complaint stated a resident has been bitten as has a married couple. The anonymous complaint stated the bedbugs are placing the staff at risk and one staff member was fired for mentioning the issue.

On June 23, 2022, I spoke to Complainant referenced earlier in this report who stated they had direct knowledge of the facility and that there were no bedbugs in the facility. Complainant said one of the other separately licensed facilities on the property had a bedbug infestation that was being addressed and was certain there were no bedbugs in the Gardenside building.

On June 23, 2022, July 12, 2022 and August 2, 2022, I completed unannounced onsite investigations at the facility and looked for evidence of bed bugs. I checked

the resident register and noted that there is no married couple admitted to the facility. I observed the six female residents admitted to the facility and interviewed those who were able to participate in an interview. I did not see any evidence of bed bug bites on any resident and Resident A and Resident B both denied there were any bed bugs at the facility. I inspected the mattress in each occupied resident bedroom and did not note any evidence of bed bugs at the facility.

On June 23, 2022, I spoke to facility administrator Jenny Bishop, assistant administrator Katelyne Dobson, residential services director Randy Morgan, wellness director Katie Noiles, and direct care staff member Koda Segac who all confirmed that another building on the property had bed bugs that were being addressed and that there had been no evidence of bed bug activity at the Gardenside building.

On August 1, 2022, I interviewed direct care staff members Alyssa Tubandt, Nyla Carter, Jessica Kalka, Amber Stanton, and Michael Allen who all denied that there were any bed bugs observed at the Gardenside facility.

APPLICABLE RULE	
R 400.15401	Environmental health.
	(5) An insect, rodent, or pest control program shall be maintained as necessary and shall be carried out in a manner that continually protects the health of residents.
ANALYSIS:	Based on my observations at three unannounced onsite inspections and statements from Resident A, Resident B, Ms. Bishop, Ms. Dobson, Mr. Morgan, Ms. Noiles, Ms. Tubandt, Ms. Carter, Ms. Kalka, Ms. Stanton, and Mr. Allen there is lack of evidence to indicate there are any bedbugs at the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

IV. RECOMMENDATION

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

Leslie Herrguth

08/04/22

Leslie Herrguth
Licensing Consultant

Date

Approved By:

Dawn Timm

08/08/2022

Dawn N. Timm
Area Manager

Date