



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 17, 2022

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

RE: License #: AH190401909  
Investigation #: 2022A1028056  
Vista Springs Imperial Park 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.
- 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 I am not available, and you need to speak to someone immediately, please contact the local office at (616) 356-0100.

Sincerely,  
Julie Viviano, Licensing Staff  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
Cell (616) 204-4300

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH190401909
<b>Investigation #:</b>	2022A1028056
<b>Complaint Receipt Date:</b>	06/27/2022
<b>Investigation Initiation Date:</b>	06/27/2022
<b>Report Due Date:</b>	08/27/2022
<b>Licensee Name:</b>	IP Vista Springs Timber Ridge Opco, LLC
<b>Licensee Address:</b>	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
<b>Licensee Telephone #:</b>	(303) 929-0896
<b>Authorized Representative:</b>	Louis Andriotti, Jr.
<b>Administrator:</b>	Jenny Bishop
<b>Authorized Representative:</b>	Louis Andriotti, Jr.
<b>Name of Facility:</b>	Vista Springs Imperial Park at Timber Ridge
<b>Facility Address:</b>	16260 Park Lake Road East Lansing, MI 48823
<b>Facility Telephone #:</b>	(517) 339-2322
<b>Original Issuance Date:</b>	11/04/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	05/04/2022
<b>Expiration Date:</b>	05/03/2023
<b>Capacity:</b>	40
<b>Program Type:</b>	AGED

## II. ALLEGATION(S)

	<b>Violation Established?</b>
Employees are not TB tested within the 10 days of employment.	No
The facility is short staffed.	No
Resident A, Resident B, and Resident C's medications were mixed up by the med tech during administration.	Yes
Med Techs are not trained appropriately.	No
Additional Findings	Yes

## III. METHODOLOGY

06/27/2022	Special Investigation Intake 2022A1028056
06/27/2022	Special Investigation Initiated - Letter 2022A1028056
06/27/2022	APS Referral 2022A1028056 - APS referral emailed to Centralized Intake
07/14/2022	Contact – Face to Face Interviewed Administrator, Jenny Bishop, at the facility.
07/14/2022	Contact – Document Received Received April 2022 – July 2022 staff schedules, Resident A's, Resident B's, and Resident C's medication administration records with record notes
07/14/2022	Contact – Face to Face Interviewed Employee A at the facility.
07/14/2022	Contact – Face to Face Interviewed Employee B at the facility
07/14/2022	Contact – Face to Face Interviewed Employee C at the facility.
10/17/2022	Exit – Report sent to facility AR/Admin. Louis Andriotti, Jr.

**ALLEGATION:**

**Employees are not TB tested within the 10 days of employment.**

**INVESTIGATION:**

On 6/27/2022, the Bureau received the allegations from the online complaint system.

On 6/27//2022, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 7/14/2022, I interviewed administrator, Jenny Bishop, at the facility who reported she took the position of administrator at the beginning of May 2022 and it was brought to her attention then that some employees may not have been tested for tuberculosis (TB) prior to the 10 days of occupational exposure. Ms. Bishop reported all current employee records were reviewed and those employees missing the TB test, were pulled from the work schedule, and provided TB tests. No employee tested positive for TB. Ms. Bishop reported all TB tests are outsourced and all new employees since May 2022 are given physicals and TB tests during onboarding and within the 10-day occupational exposure requirement. Ms. Bishop provided me evidence of TB testing for new employees and current employees.

On 7/14/2022, Employee A reported [they] completed a physical and TB test prior to employment at the facility. Employee A reported the facility also held TB clinics in May 2022 to ensure all employees had been tested for TB.

On 7/14/2022, Employee B and Employee C reported they completed a physical and TB test prior to employment at the facility. Employee B and Employee C both reported the facility held a TB testing clinic in May 2022.

<b>APPLICABLE RULE</b>	
<b>R 325.1923</b>	<b>Employee's health.</b>
	<b>(2) A home shall provide initial tuberculosis screening at no cost for its employees. New employees shall be screened within 10 days of hire and before occupational exposure.</b>

<b>ANALYSIS:</b>	Interviews and review of documentation reveal evidence to support the facility is compliant with the screening of TB for all new employees. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**The facility is short staffed.**

**INVESTIGATION:**

On 7/14/2022, Ms. Bishop reported the facility was short staffed prior to her taking over in May 2022. Ms. Bishop reported there currently 21 residents in the facility with three new residents being admitted to the facility within the next week. There are two care staff, a med tech who can also complete care, and a supervisor assigned to all shifts daily. Ms. Bishop reported call-ins have decreased and while they do still occur, there is a call-in system in place, float staff available to assist, and supervisors and management will help as well. Ms. Bishop reported the current resident to staff ratio is appropriate but can always be adjusted as the resident census increases. Ms. Bishop provided me the working staff schedule from April 2022 to July 2022 for my review.

On 7/14/2022, Employee A reported the facility was short staffed until the current management came on board in May 2022. Employee A reported management “cleaned up the scheduling and there have been no issues since”. Employee A reported there are two care staff and a med tech who can also complete care when needed for first, second, and third shifts. Call-ins do occur but are intermittent and there is a call-in system employees use. Employee A reported float staff, staff from other buildings, med techs, supervisors, and management assist if there is a shift shortage. Employee A reported the attendance policy is strict and due to this there are not as many call-ins anymore. Employee A reported the facility is no longer short staffed and that the resident to staff ratio “is really good right now”.

On 7/14/2022, Employee B reported the facility was short staffed until the new management arrived in May 2022 and “cleaned house”. Employee B reported the attendance policy is strict now and employees follow it and “if they don’t, they are replaced with new staff”. Employee B reported there are two care staff and a med tech with a supervisor currently assigned to each shift and no shift is left short staffed. There are 21 residents in the facility with three new residents being admitted this week. Employee B reported the facility is no longer short staffed and if a call-in occurs, floats staff, supervisors, or staff from other buildings assist to fill shift vacancy.

On 7/14/2022, Employee C's statements are consistent with Ms. Bishop's. Employee A's and Employee's B's statements.

On 7/19/2022, I reviewed the working staff schedules from April 2022 to July 2022, which revealed the following:

- Multiple shift shortages in April 2022.
- In May 2022, staff were working spilt shifts and/or double shifts. Float staff were utilized to fill shift vacancies with a normalization in scheduling beginning after 5/8/2022.
- June 2022 schedule demonstrates a significant reduction in shift shortages, increase in employee training and an overall increase in staffing.
- July 2022 schedule demonstrates a normalization in scheduling with appropriate resident to staff ratio.

<b>APPLICABLE RULE</b>	
<b>R 325.1931</b>	<b>Employees; general provisions.</b>
	<b>(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.</b>
<b>ANALYSIS:</b>	The facility demonstrated call-ins and shift shortages in April 2022. New management onboarded at the beginning of May 2022 with staffing being adjusted to cover any shift shortages and/or call-ins. Interviews and review of documentation demonstrate a normalization of staffing since May 2022 with an appropriate current resident to staff ratio.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

**ALLEGATION:**

**Resident A, Resident B, and Resident C's medications were mixed by the med tech up during administration.**

**INVESTIGATION:**

On 7/14/2022, Ms. Bishop reported no knowledge of Resident A, Resident B. or Resident C's medications being mixed up since she started at the facility in May 2022. Ms. Bishop reported Resident A passed away in June 2022. Ms. Bishop reported the med techs are trained thoroughly and the facility is currently completing a med tech job skills review and training for all med techs. Ms. Bishop provided me

Resident A's, Resident B's, and Resident C's medication administration record (MAR) from May 2022 to July 2022 for my review.

On 7/14/2022, Employee A reported no knowledge of Resident A, Resident B, or Resident C's medications being mixed up at any time. Employee A reported if a medication error were to occur, it is documented, the supervisor is notified, and the med tech receives education and/or may be pulled from the med cart for a period of time to receive re-training.

On 7/14/2022, Employee B reported no knowledge of Resident A, Resident B, or Resident C's medications being administered incorrectly or medications for any resident being mixed up. Employee B reported if a medication error occurs, it is documented, the supervisor is notified, and the med tech will more than likely "be pulled from the cart to get re-training or education". Employee B reported the facility is providing continuing education for medication administration.

On 7/14/2022, Employee C's statements are consistent with Ms. Bishop's, Employee A's and Employee B's statements.

On 7/19/2022, I reviewed Resident A's MAR from May 2022 to June 2022 which revealed documentation about Resident A's medication(s) refusals, medication shortages with the pharmacy being contacted, medication history reviews completed by care staff, and medications given or withheld based on physician order parameters. No concerns noted.

I also reviewed Resident B's MAR from May 2022 to July 2022 which revealed the following:

- On 5/1/22, medication Probiotic 1 B Cfu-250mg CAP to be given by mouth twice daily was not passed with no reason documented as to why.
- On 5/27/22, earwax removal drops (Debrox 6.5% earwax kit) was not administered due orders ending. Reason provided reads: *CM informed me that they stopped this the other day since the order was only for 5 days. She said she got here hearing aides in and she would do the drops once a month or something.*
- On 5/28/22, earwax removal drops (Debrox 6.5% earwax kit) were marked as being refused by resident, but the chart note from 5/27/22 at 5:00pm reads: *CM's family took this medication home with them and stated CM's doctor has discontinued the medication for the time being.*
- On 5/30/22 at 1:11pm, Losartan 25mg tab was not administered to Resident B. No reason documented as to why. (LOSARTAN 25 MG TAB Take 1 Tablet by Mouth Twice Daily is scheduled for 9am and 8pm).
- On 6/4/22, pharmacy was contacted to complete medication history review for Atorvastatin 40 Mg Tablet (Lipitor 40 Mg Tab).
- No concerns noted for July 2022 MAR.

I reviewed Resident C's MAR from May 2022 to July 2022 which revealed appropriate medication administration documented by care staff. No concerns noted for May 2022 to June MAR.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.</b>



<p><b>ANALYSIS:</b></p>	<p>Interviews with the administrator and care staff reveal no knowledge of Resident A's, Resident B's, and Resident C's medications being mixed up during administration.</p> <p>Review Resident A's MAR with record notes from May 2022 to July 2022 revealed appropriate medication administration by care staff.</p> <p>Review of Resident B's MAR with record notes from May 2022 to July 2022 revealed the following:</p> <ul style="list-style-type: none"> <li>• On 5/1/22, medication Probiotic 1 B Cfu-250mg was not passed with no reason documented as to why.</li> <li>• On 5/27/22, Debrox 6.5% earwax kit was not administered due orders ending, however, on 5/28/22, care staff marked the medication as being refused by resident. The chart note from 5/27/22 at 5:00pm reads: <i>CM's family took this medication home with them and stated CM's doctor has discontinued the medication for the time being.</i></li> <li>• On 5/30/22 at 1:11pm, Losartan 25mg tab was not administered and reason was documented as to why.</li> </ul> <p>Review of Resident C's MAR with record notes from May 2022 to July 2022 revealed appropriate medication administration by care staff.</p> <p>It cannot be determined if Resident A, Resident B, and/or Resident C's medications were mixed by the med tech up during administration. Interviews with facility staff and review of documentation do not support this allegation. However, review of documentation demonstrates incomplete medication administration documentation during May 2022 for Resident B. Incomplete MAR documentation demonstrates the potential for mismanaged medication administration by care staff for Resident B.</p>
<p><b>CONCLUSION:</b></p>	<p><b>VIOLATION ESTABLISHED</b></p>

**ALLEGATION:**

**Med Techs are not trained appropriately.**

**INVESTIGATION:**

On 7/14/2022, Ms. Bishop reported all med techs receive training and education prior to administering medications and that only certain care staff can administer medications. If a medication error occurs, then the med tech receives further education, re-training, or a corrective action and could potentially be pulled from the medication cart as well dependent upon the error. Ms. Bishop reported the facility is currently providing continuing education for all med techs to ensure good competency and skills.

On 7/14/2022, Employee A reported med techs are trained during orientation and that not all care staff are med techs. If a medication error occurs, it is reported, documented, and the med tech may receive further education, training, or may be pulled from the med cart for a period of time or permanently. Employee A reported no knowledge of any employee administering medications that are not trained to do so. Employee A reported the facility is currently providing continuing education for all med techs to ensure skill and competency. Employee A reported no knowledge of any current medication errors with any residents.

On 7/14/2022, Employee B reported no knowledge of any employee administering medications that was not trained to do so. Med techs are trained at orientation and later continue to receive education to ensure competency. Employee B reported there is continuing education “going on right now for all med techs”. Employee B reported if a med error occurs, it is reported and documented, and the med tech receives further education and training. Employee B reported no knowledge of any current medication errors with any residents.

On 7/14/2022, On 7/14/2022, Employee C’s statements are consistent with Ms. Bishop’s, Employee A’s and Employee B’s statements.

On 7/25/22, I reviewed the med tech training and education documentation for the facility’s current med techs which demonstrates competency for current facility med techs.

<b>APPLICABLE RULE</b>	
<b>R 325.1932</b>	<b>Resident medications.</b>
	<b>(3) If a home or the home's administrator or direct care staff member supervises the taking of medication by a resident, then the home shall comply with all of the following provisions:</b> <b>(a) Be trained in the proper handling and administration of medication.</b>

<b>ANALYSIS:</b>	Interviews with facility staff, on-site inspection, along with review of documentation reveal care staff receive appropriate medication administration training during onboarding. The facility also demonstrates continuing education for med techs to ensure competency and skill. No violation found.
<b>CONCLUSION:</b>	<b>VIOLATION NOT ESTABLISHED</b>

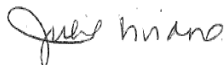
**Additional Findings:**

On 7/14/2022, during my inspection of the facility, the medication cart on the main hallway was discovered unlocked and accessible to anyone in the facility.

<b>APPLICABLE RULE</b>	
<b>R 325.1932(5)</b>	<b>Employees; general provisions.</b>
	<b>(5) A home shall take reasonable precautions to ensure or assure that prescription medication is not used by a person other than the resident for whom the medication is prescribed.</b>
<b>ANALYSIS:</b>	A medication cart was found unlocked on the main hallway with no care staff present and easily accessible to anyone.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**IV. RECOMMENDATION**

Contingent upon an approved corrective action plan, I recommend the status of this license remain the same.



7/25/2022

Julie Viviano  
Licensing Staff

Date

Approved By:



10/05/2022

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Andrea L. Moore, Manager                      Date  
Long-Term-Care State Licensing Section