



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 24, 2024

Michael Eby
Vista Springs Ctr/Memory Care & Rediscovery
3736 Vista Springs Ave.
Grand Rapids, MI 49525

RE: License #: AH410400149
Investigation #: 2024A1010030
Vista Springs Ctr/Memory Care & Rediscovery

Dear Licensee:

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) 241-1970.

Sincerely,

A handwritten signature in blue ink that reads "Lauren Wohlfert".

Lauren Wohlfert, Licensing Staff
Bureau of Community and Health Systems
350 Ottawa NW Unit 13, 7th Floor
Grand Rapids, MI 49503
(616) 260-7781
enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410400149
Investigation #:	2024A1010030
Complaint Receipt Date:	01/29/2024
Investigation Initiation Date:	01/30/2024
Report Due Date:	03/28/2024
Licensee Name:	Vista Springs Northview, LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 364-4690
Administrator:	Mike Eby
Authorized Representative:	Mike Eby
Name of Facility:	Vista Springs Ctr/Memory Care & Rediscovery
Facility Address:	3736 Vista Springs Ave. Grand Rapids, MI 49525
Facility Telephone #:	(616) 364-4690
Original Issuance Date:	03/04/2020
License Status:	REGULAR
Effective Date:	09/04/2023
Expiration Date:	09/03/2024
Capacity:	56
Program Type:	ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
There are bed bugs in the facility. The door to the facility was left open, allowing the memory care residents to exit.	No
There are no activities for residents to engage in.	No
There were not enough staff to provide care consistent with resident service plans during the Christmas holiday.	No
Untrained staff are working in the facility.	Yes
Resident rooms are not clean and smells like urine.	No

III. METHODOLOGY

01/29/2024	Special Investigation Intake 2024A1010030
01/30/2024	Special Investigation Initiated - Letter Emailed APS referral to Centralized Intake
01/30/2024	APS Referral Emailed APS referral to Centralized Intake
01/31/2024	Contact - Document Received Received email from assigned Kent Co. APS worker Emily Graves
02/07/2024	Inspection Completed On-site
02/07/2024	Contact - Document Received Received resident service plan, MAR, staff training documents, activity calendar, and pest control invoice
02/27/2024	Contact – Document Received Received the facility’s bed bug policy and procedure via email
02/28/2024	Contact – Document Received Received a copy of the staff schedule via email
05/24/2024	Exit Conference

ALLEGATION:

There are bed bugs in the facility. The door to the facility was left open, allowing the memory care residents to exit.

INVESTIGATION:

On 1/29/24, the Bureau received the allegations from an anonymous complainant. The complaint read, resident rooms have bedbugs and there is no records that was addressed." The facility is licensed as a secured memory care unit, therefore all residents in the facility have memory loss. The complaint also read, "the CMR door with a code was left open a jar, so I was able to walk right in." Because the complainant was anonymous, I was unable to gather additional information.

On 1/30/24, I emailed an Adult Protective Services (APS) referral to Centralized Intake.

On 1/31/24, I received an email from assigned Kent County APS worker Emily Graves. Ms. Graves reported she was going to the facility today to interview staff to initiate her investigation.

On 2/7/24, I interviewed administrator Stephanie Trebian at the facility. Ms. Trebian stated a single bed bug was found in a resident's room in December 2023. Ms. Trebian reported the resident was on hospice and in the process of passing away when the bed bug was observed. Ms. Trebian stated the resident passed away within 48 hours of staff discovering the bed bug in her room.

Ms. Trebian said that after the resident died, her room was treated by Griffin Pest Solutions. Ms. Trebian reported that although there were no other bed bugs found in the facility, the two adjacent rooms were treated as well. Ms. Trebian provided me with a copy of the Griffin Pest Solutions invoice that was dated 12/18/23. The *GENERAL COMMENTS/INSTRUCTIONS* section of the invoice read, "Arrived on site and spoke with Matt from maintenance showed me where to park and to the rooms. Treated baseboards, boxsprings, bedframes, furniture, mattress, kitchenette, bathroom, and noncontact surfaces with residual liquid and dust. Dusted inside wall outlets and light switches to make sure none were hiding inside wall voids to avoid hiding places during heat treatment. Use of fans to direct heat to areas that needed to eliminate any cold spots. Flipped all furniture to heat all of the rooms. Held lethal temp for 4hrs." Ms. Trebian reported the facility also has a bed bug policy and procedure.

Ms. Trebian denied knowledge regarding the main entrance door to the facility being left open. Ms. Trebian explained the door would alarm if it was left open because it is a coded door. Ms. Trebian stated she was informed by a visiting resident family member that the door to the hallway where staff offices are located was left open. Ms. Trebian reported that door is to be locked at all times because a resident could

get out of the door at the other end of the hallway that opens to the main entrance. Ms. Trebian said she could not recall when she was notified of this incident, however after she was notified, the lock to the door that was left open was changed and it is always closed.

I observed the main entrance door was closed and locked. I observed the keypad next to the door to gain entrance into the facility. I also observed the door Ms. Trebian reference was locked and closed. Ms. Trebian reported no elopements occurred when the door to the staff offices was open.

On 2/27/24, I received the facility's *BED BUG POLICY* via email for my review. The policy read, "Any staff member who sees or is informed by a resident of the presence of bed bugs will immediately report it to maintenance. Maintenance will immediately notify the Executive Direct, DON, and Dietary Manager. Maintenance will contact the exterminators to schedule treatment as soon as possible.

The resident's clothing will be placed into sealed plastic bags, removed from the room, laundered on high temperatures, and will not be returned to the resident's room until two weeks after treatment. One clean outfit and pajamas will be given to the resident daily during this time.

All knick-knacks, pictures, shoes, and other personal items will be placed into sealed plastic bags and removed from the room. The bed will be stripped and all linens removed from the room in sealed plastic bags. The room will then be sprayed with alcohol.

With the resident's consent, the resident will remain in the room and trays will be delivered for all meals. If the resident wants to leave the room, they will be showered, provided clean clothes, and removed from the room for the remainder of the day (this will only continue until the room has been professionally treated).

The presence of bed bugs will be treated as a communicable disease in terms of universal precautions because of the likelihood of rapid spreading to other areas if such measures are not taken. Following professional treatment, the resident will be returned to their room and may come and go freely. The room will be inspected daily for two weeks and clothes will continue to be provided daily.

Personal items may not be returned until the resident and/or family have opened the bags outside and inspected each item, wiping each with alcohol, removing pictures from frames, etc. Shoes will be treated in the same way and will be sprayed with alcohol.

Once the treatment has been deemed successful, clothing will be returned to the resident's room."

APPLICABLE RULE	
R 325.1921	Governing bodies, administrators, and supervisors.
	<p>(1) The owner, operator, and governing body of a home shall do all of the following:</p> <p style="padding-left: 40px;">(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</p>
ANALYSIS:	<p>The interview with Ms. Trebian, along with review of the Griffin Pest Solutions invoice, revealed resident rooms were treated when a bed bug was observed in a resident room in December 2023. Ms. Trebian reported there have not been any bed bugs found since the treatment. I reviewed the facility's <i>BED BUG POLICY</i> and determined the facility responded appropriately.</p> <p>The facility provides a secure environment for residents who suffer from memory loss. I main entrance to the facility is locked and requires a code for entry. On 2/7/24, I observed the main entrance was locked. Ms. Trebian reported there was an incident in which the door to the hallway the contains staff offices was open. This hallway has another door that opens to the lobby of the facility. A resident could have exited the facility when the door was left open, however there were no elopements. Ms. Trebian responded appropriately and changed the lock on the door and staff ensure it is closed at all times.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There are no activities for residents to engage in.

INVESTIGATION:

On 1/29/24, the complaint read, "there are no activities to participate in" and residents "just sit" in their rooms.

On 2/7/24, Ms. Trebian reported there are five "life enrichment" or activity staff persons who work in the facility. Ms. Trebian said the "life enrichment" staff develop a calendar with varying activities for residents to engage in. Ms. Trebian stated the monthly activity calendar is posted in common areas of the facility for residents and visitors to see.

On 2/7/24, I interviewed SP4 at the facility. SP4 reported she is the “life enrichment director.” SP4’s statements were consistent with Ms. Trebian. SP4 provided me with a copy of the February activity calendar for my review. I observed there are activities such as “exercise, table games, manicures, ring toss, bean bag toss, coloring, and social hour hand massages” to name a few. There is also a worship service scheduled every Sunday at 10:00 am.

On 2/7/24, I observed several residents participating in a group exercise activity in one of the common areas of the facility. I observed the residents were actively engaged in the activity. I also observed the activity calendar posted in a common area of the facility for residents and visitors to see.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(1) Personal care and services that are provided to a resident by the home shall be designed to encourage residents to function physically and intellectually with independence at the highest practical level.
ANALYSIS:	The interview with SP4, Ms. Trebian, along with my review of the February activity calendar and observation of a resident activity, revealed there are numerous scheduled activities for residents to engage in. On 2/7/24, I observed several residents participating in a group exercise activity. There is insufficient evidence to suggest the facility is not in compliance with this rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

There were not enough staff to provide care consistent with resident service plans during the Christmas holiday.

INVESTIGATION:

On 1/29/24, the complaint read there was not enough staff “over Christmas.”

On 2/7/24, Ms. Trebian reported there were enough staff scheduled on first, second, and third shifts during the Christmas holiday. Ms. Trebian stated there is one medication technician (med tech) and two to three direct care staff scheduled on first and second shift and one med tech and one to two direct care staff on third shift. Ms. Trebian said there are four residents in the facility who require the assistance from two staff persons to transfer. Ms. Trebian reported resident care needs were met

consistent with their service plans over the Christmas holiday and at all times. Ms. Trebian reported agency staff are used when there is a staff call in or no show.

On 2/7/24, I interviewed Staff Person 1 (SP1) at the facility. SP1's statements were consistent with Ms. Trebian.

On 2/7/24, I was unable to engage residents in meaningful conversation as all residents were admitted to the secured facility for memory care.

On 2/28/24, I received a copy of the staff schedule from 12/22/23 through 12/28/23. The schedule was consistent with Ms. Trebian and SP1's statements.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(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.
ANALYSIS:	The interview with Ms. Trebian, SP1, along with review of the staff schedule for 12/22/23 through 12/28/23, revealed there was enough staff to meet resident care needs consistent with their service plans.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Untrained staff are working in the facility.

INVESTIGATION:

On 1/29/24, the complaint read there are "untrained staff having to assist on the floor."

On 2/7/24, I interviewed SP3 at the facility. SP3 reported she is the administrative assistant at the facility. SP3 clarified that she works in the facility's office, completing administrative tasks. SP3 reported there have been several incidents in which she provided direct care to residents without formal training to fill a shift vacancy. SP3 said she "shadowed" another staff person to learn how to provide direct resident care, however she did not complete any of the required trainings in accordance with licensing rules. SP3 reported there is no record of any trainings she completed in her employee record because she did not formally complete them. SP3 stated she has

only provided direct resident care; she has never administered any resident medications.

On 2/7/24, Ms. Trebian's statements were consistent with SP3.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	<p>(6) The home shall establish and implement a staff training program based on the home's program statement, the residents service plans, and the needs of employees, such as any of the following:</p> <p>(a) Reporting requirements and documentation. (b) First aid and/or medication, if any. (c) Personal care. (d) Resident rights and responsibilities. (e) Safety and fire prevention. (f) Containment of infectious disease and standard precautions. (g) Medication administration, if applicable.</p>
ANALYSIS:	The interview with SP3 revealed she did not complete any formal training prior to filling shift vacancies in which she provided direct resident care. SP3 did not complete the trainings as required in this rule, therefore the facility was not in compliance.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION:

Resident rooms are not clean and smells like urine.

INVESTIGATION:

On 1/29/24, the complaint read resident beds and clothing smell like urine.

On 2/7/24, Ms. Trebian stated all residents in the facility are bathed twice a week. Ms. Trebian said resident bedding is changed on the day they are schedule to bathe. Ms. Trebian explained resident bedding is also changed as needed if a resident is incontinent.

Ms. Trebian reported residents are not intentionally left soiled, staff change residents when they are observed soiled. Ms. Trebian stated staff check on and change

residents as needed during their rounds. Ms. Trebian explained if a resident refuses to bathe or have their soiled brief changed, staff are trained to re-approach them.

On 2/7/24, SP1's statements were consistent with Ms. Trebian.

On 2/7/24, I interviewed SP2 at the facility. SP2 reported she is a housekeeping staff person. SP2 stated she "deep cleans" resident rooms once a week. SP2 stated a "deep clean" entails vacuuming, dusting, "scrubbing" the resident's shower, toilet, and sink, and wiping and sanitizing surfaces and counters. SP2 reported she cleans resident rooms as needed if as well. SP2 said she follows a checklist with cleaning tasks to ensure she completes them all. SP2 stated care staff change resident bedding on their scheduled day to bathe and remove trash from resident rooms daily.

On 2/7/24, I observed several residents in the common areas of the facility. The residents had clean clothing on and were well groomed. I also observed several resident rooms. The rooms were clean and had clean bedding. I did not detect any foul odors or have any concerns regarding cleanliness of the facility.

APPLICABLE RULE	
R 325.1979	General maintenance and storage.
	(1) The building, equipment, and furniture shall be kept clean and in good repair.
ANALYSIS:	The interview with Ms. Trebian, SP1, SP2, along with my inspection of the facility, revealed resident rooms are clean and their bedding is changed on an appropriate schedule. I observed several residents were well groomed and were wearing clean clothing. I did not detect any foul odors or observe concerns regarding cleanliness of the facility.
CONCLUSION:	VIOLATION NOT ESTABLISHED

I shared the findings of this report with licensee authorized representative Mike Eby.

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend the status of the license remain unchanged.



02/29/2024

Lauren Wohlfert

Date

Licensing Staff

Approved By:



05/23/2024

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

Date