



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 6, 2024

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

RE: License #: AL190383347
Investigation #: 2024A0577002
Vista Springs Terraces 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 that I am not available and you need to speak to someone immediately, please contact the local office at (517) 284-9727.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, 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 #:	AL190383347
Investigation #:	2024A0577002
Complaint Receipt Date:	07/18/2024
Investigation Initiation Date:	07/19/2024
Report Due Date:	09/16/2024
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:	Erin Witter
Licensee Designee:	Louis Andriotti Jr
Name of Facility:	Vista Springs Terraces 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:	05/14/2023
Expiration Date:	05/13/2025
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
Resident A has an ileostomy and staff members have not been sufficiently trained in properly caring for the ileostomy.	Yes
The facility does not have sufficient direct care staff on duty to provide for the supervision, personal care, and protection of the residents in care.	Yes
Resident A is not being treated for his mental illness diagnosis and is a danger to other residents and staff.	No
Additional Findings	Yes

III. METHODOLOGY

07/18/2024	Special Investigation Intake 2024A0577002
07/19/2024	Special Investigation Initiated - Face to Face Unannounced onsite inspection.
07/19/2024	Inspection Completed On-site Interviews and reviewed/received documentation.
07/22/2024	Contact - Telephone call made Phone Interview with Surinder Singh, Psychiatric Nurse Practitioner with AmeriCares.
07/22/2024	Contact - Document Sent Email to Stacey Rowe, Health and Wellness Director.
07/22/2024	Contact - Telephone call made Interviews with DCS.
07/24/2024	Contact-Document Sent Email to Erin Witter, Administrator.
07/26/2024	Contact-Telephone call made Sarah Poutros, MA with Home MD.
08/01/2024	Inspection Completed On-site- Interviews with Erin Witter and Stacey Rowe.

08/02/2024	Document Sent- Email to Stacey Rowe.
08/02/2024	Inspection Completed-BCAL Sub. Compliance
08/02/2024	Exit Conference with Lou Andriotti and Erin Witter.

ALLEGATION: Resident A has an ileostomy and staff members have not been sufficiently trained in properly caring for the ileostomy.

INVESTIGATION:

An online complaint was received on July 18, 2024, alleging direct care staff have not been properly trained regarding the care of Resident A’s ileostomy.

On July 19, 2024, during the onsite investigation, I reviewed and received a copy of Resident A’s *Health Care Appraisal and Assessment Plan for AFC Residents/ALC-ALZ Functional Evaluation* which documented the following:

- *Health Care Appraisal* completed on June 25, 2024, under physical exam- Abdomen, normal-Ileostomy; Rectal, normal-Ileostomy.
- *Assessment Plan for AFC Residents/ALC-ALZ Functional Evaluation* completed on June 21, 2024, Colostomy Care 3X/3+Daily

On July 19, 2024, I interviewed Stacey Rowe, Health and Wellness Coordinator, who reported direct care staff have been provided guidance on caring for Resident A’s ileostomy to include a check list for colostomy care. Ms. Rowe could not provide specifics pertaining to direct care staff members being trained in Resident A’s ileostomy care other than stating, “many of the staff members have previous experience in providing care for residents with ileostomies.”

On July 22, 2024, I interviewed direct care staff (DCS) Armandina Gutierrez who reported she did not receive hands on training in how to provide care for Resident A’s Ileostomy. Ms. Guterrez reported she was advised by other direct care staff to watch YouTube videos pertaining to care of Ileostomies. Ms. Gutierrez reported she is not aware of a check list for the care of the ileostomy.

On July 22, 2024, I interviewed DCS Eric Lewke who reported he had previous experience at another facility providing care to residents with ileostomies. Mr. Lewke reported he received training from Vista Springs specific to Resident A’s ileostomy care. Mr. Lewke reported he was not aware of any direct care staff not being trained but could not provide specifics of if/when/how other staff members were trained.

On July 25, 2024, DCS BrookeLynne Ketchum reported she has been trained by other direct care staff on how to properly care for Resident A’s Ileostomy. Ms.

Ketchum reported she has emptied the bag but did not feel comfortable changing the bag so has her co-worker change the bag when needed.

On July 25, 2024, I interviewed DCS Cassandra Gerard who reported she did not receive any training on how to care for Resident A's ileostomy. Ms. Gerard stated she brought concerns about the lack of ileostomy training to administration, but currently no formal trainings for direct care staff specific to Resident A's Ileostomy had been conducted.

On August 01, 2024, I interviewed Administrator Erin Witter and Stacey Rowe, Health and Wellness Director, who reported direct care staff members have been trained in the care of Resident A's ileostomy care. Ms. Witter and Ms. Rowe could not verify that all direct care staff have been trained in Resident A's ileostomy care.

APPLICABLE RULE	
R 400.15204	Direct care staff; qualifications and training.
	(3) A licensee or administrator shall provide in-service training or make training available through other sources to direct care staff. Direct care staff shall be competent before performing assigned tasks, which shall include being competent in all of the following areas: (d) Personal care, supervision, and protection.
ANALYSIS:	There was sufficient evidence found that there was no in-service training made available to all direct care staff regarding caring for Resident A's Ileostomy. DCS Gerard and Gutierrez reported they were not trained nor felt competent in providing care personal care to Resident A's ileostomy care.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: The facility does not have sufficient direct care staff on duty to provide for the supervision, personal care, and protection of the residents in care.

INVESTIGATION:

On July 18, 2024, an online complaint was received regarding Vista Springs Terrace. The complaint alleged that the facility is not adequately staffed at night, leaving one caregiver to provide for the resident care needs.

On July 19, 2024, I completed an unannounced onsite investigation and interviewed Stacey Rowe, Health and Wellness Director, who reported the facility currently has 15 residents admitted to the facility with first shift (7:00am-3:00pm) having three direct care staff scheduled, second shift (3:00pm-11:00pm) having three direct care

staff scheduled, and third shift (11:00pm-7:00am) having two direct care staff scheduled. During the investigation I reviewed and received a copy of the *Resident Register* documenting the facility as of July 19, 2024, had 15 residents admitted. Ms. Rowe reported there are currently two residents who require two direct care staff members for assistance with transfers and toileting.

During the onsite investigation I requested a copy of the past 30 days staff schedule of the facility. Upon review of the staff schedule provided, on July 14, 2024, 3rd shift from 11:00pm-7:00am there was only one direct care staff scheduled to meet the needs of the 15 residents in care, two of which Ms. Rowe reported required assistance from two direct care staff when transferring and being toileted.

On July 22, 2024, I interviewed DCS Armandina Gutierrez via telephone. Ms. Gutierrez reported she has been employed with Vista Springs since May 2024, working third shift, from 11:00pm-7:00am. Ms. Gutierrez reported she has had to work the floor by herself on two separate occasions since being hired. Ms. Gutierrez reported there two residents at the facility who require assistance from two direct care staff when transferring. Ms. Gutierrez reported on the two shifts she worked by herself she was able to call a floater direct care staff who was available to assist if needed.

On August 01, 2024, I interviewed Administrator Erin Witter and Stacey Rowe, Health and Wellness Director, who both reviewed the staff schedule and verified there was only one direct care staff scheduled for July 14, 2024.

On August 02, 2024, I contacted Stacey Rowe, Health and Wellness Director and requested and received a copy of Resident B and Resident C's *Assessment Plan for AFC Residents* which documented Resident B and Resident C both require two direct care staff when transferring and toileting.

APPLICABLE RULE	
R 400.15206	Staffing requirements.
	(2) A licensee shall have sufficient direct care staff on duty at all times for the supervision, personal care, and protection of residents and to provide the services specified in the resident's resident care agreement and assessment plan.

ANALYSIS:	Based on the information gathered during the investigation, it has been found that on July 14, 2024, per the staff schedule and direct care staff interviews, there was only one direct care staff scheduled from 11:00pm-7:00am which is not sufficient to meet the personal care needs of Resident B and Resident C. Per both residents' <i>Assessment Plan for AFC Residents</i> , Resident B and Resident C require two direct care staff to assist with transfers and toileting.
CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A is not being treated for his mental illness diagnosis and is a danger to other residents and staff.

INVESTIGATION:

On July 18, 2024, the complaint reported Resident A has mental health illnesses that are not being treated. The complaint reported Resident A's mental health diagnosis was causing behaviors including threatening to harm direct care staff and other residents.

On July 19, 2024, during the onsite inspection I reviewed and received a copy of Resident A's *Health Care Appraisal and Assessment Plan for AFC Residents/ALC-ALZ Functional Evaluation*. Resident A's *Health Care Appraisal* documented the following diagnoses: depression, intermittent explosive disorder, schizoaffective disorder, and obsessive-compulsive disorder. Resident A's *ALC-ALZ Functional Evaluation* documented the following:

- Mood/Psychosocial Concerns- Dependent/Total Assistance. Frequent and/or severe mood problems. Requires drug therapy and outside assistance from experts (psychiatrist, social worker, etc..) to manage/coordinate services for mood problems.
- Behavior-Dependent/Total Assistance. Frequent and/or severe behaviors concerns; requires constant supervision to manage behaviors; requires outside assistance (psychiatrist, psychologist, social worker) to manage/coordinate behavior concerns.
- Resident A has a history of mental health illness and has been hospitalized for mental health illness.

I interviewed Stacey Rowe, Health and Wellness Director, who reported Vista Springs Terrace was aware of Resident A's mental health illness prior to admission. Ms. Rowe reported Resident A is seen weekly by a Nurse Practitioner (NP), Surinder Singh for psychiatric services. Ms. Rowe reported since Resident A has been admitted, the only behavior she was aware of Resident A exhibiting was Resident A's desire to go for a walk but became upset when direct care staff could not take him. Ms. Rowe reported she was not aware of Resident A threatening harm to direct care staff or residents. Ms. Rowe stated she reviewed direct care staff reports and no direct care staff documented incidents of Resident A threatening

direct care staff or residents. Ms. Rowe reported Home MD is Resident A's primary care provider and they are waiting on a referral for psychiatric services to be put into place by Home MD. Ms. Rowe reported Resident A did not have any behavioral treatment plan in his prior placement and is waiting for a behavioral specialist referral from Home MD.

On July 22, 2024, I interviewed NP Singh with AmeriCares who reported he received a referral from Trinity Health Services upon Resident A's discharge from hospitalization for psychiatric medical treatment. NP Singh reported he is not able to provide psychiatric care or services until a psychiatrist has been referred for Resident A by Home MD for psychiatric services. NP Singh reported he is making courtesy visit for Resident A but is not able to provide specific services or recommendations until a psychiatrist is assigned.

On July 26, 2024, I interviewed Sarah Poutros, Medical Assistant (MA), with Home MD. MA Poutros reported Resident A is a new patient with Home MD for medical and psychiatric services. MA Poutros reported a request has been submitted for Resident A to be seen by a psychiatrist and a behavioral health specialist for medication management and behavioral therapy. MA Poutros reported she will follow up with the referral.

APPLICABLE RULE	
R 400.15301	Resident admission criteria, resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.
	(2) A licensee shall not accept or retain a resident for care unless and until the licensee has completed a written assessment of the resident and determine that the resident is suitable pursuant to all of the following provisions: (b) The kinds of services, skills, and physical accommodations that are required of the home to meet the resident's needs are available in the home.
ANALYSIS:	Based on the information gathered during the investigation, there was no evidence found that Resident A was not being treated for his mental illness diagnosis. Resident A currently has NP Singh with AmeriCares overseeing his mental health diagnosis until a psychiatrist can be secured. Home MD, Resident A's primary care physician has completed a referral for Resident A to be seen by a psychiatrist.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION:

During the onsite investigation on July 19, 2024, I received and later reviewed a copy of the staff schedule for the facility and found on July 14, 2024, there was no direct care staff member trained in administering medication scheduled from 11:00pm-7:00am.

On July 22, 2024, I interviewed Stacey Rowe, Health and Wellness Director, who reported on July 14, 2024, the campus had a direct care staff trained in administering medication who floated and was available to administer resident medication if necessary, during the timeframe of 11:00pm-7:00am.

On July 22, 2024, I interviewed DCS Armandina Gutierrez who reported she worked by herself on July 14, 2024, from 11:00pm-7:00am. Ms. Gutierrez reported she is not trained in passing medications and if a resident needed a medication, Ms. Gutierrez would have had to contact the medication technician who was covering from another building on campus to come and pass the needed medication.

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 the information gathered during the investigation, it has been found that on July 14, 2024, there was no direct care staff in the facility that had been trained in the handling and administration of medication from 11:00pm-7:00am as required.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon the receipt of an acceptable corrective action plan, it is recommended that the current status of the license remains unchanged.

Bridget Vermeesch

08/05/2024

Bridget Vermeesch
Licensing Consultant

Date

Approved By:

Dawn Timm

08/06/2024

Dawn N. Timm
Area Manager

Date