



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 20, 2022

Louis Andriotti, Jr.
Vista Springs Wyoming LLC
Ste 110
2610 Horizon Dr. SE
Grand Rapids, MI 49546

RE: License #: AH410397992
Investigation #: 2022A1028073
Vista Springs Wyoming

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

License #:	AH410397992
Investigation #:	2022A1028073
Complaint Receipt Date:	08/08/2022
Investigation Initiation Date:	08/09/2022
Report Due Date:	10/07/2022
Licensee Name:	Vista Springs Wyoming LLC
Licensee Address:	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
Licensee Telephone #:	(616) 259-8659
Administrator:	Louis Andriotti, Jr.
Authorized Representative:	Mackenzie Ferguson
Name of Facility:	Vista Springs Wyoming
Facility Address:	2708 Meyer Ave SW Wyoming, MI 49519
Facility Telephone #:	(616) 288-0400
Original Issuance Date:	12/10/2019
License Status:	REGULAR
Effective Date:	06/10/2022
Expiration Date:	06/09/2023
Capacity:	147

Program Type:	AGED ALZHEIMERS
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II. ALLEGATION(S)

	Violation Established?
Facility staff do not follow the facility infection control policy.	Yes
Additional Findings	No

III. METHODOLOGY

08/08/2022	Special Investigation Intake 2022A1028073
08/09/2022	Special Investigation Initiated - Letter
08/09/2022	APS Referral APS referral emailed to Centralized Intake.
08/29/2022	Inspection Completed On-site Onsite visit completed due to investigation.
08/29/2022	Contact - Face to Face Interviewed executive director/Sarah Woltman at the facility.
08/29/2022	Contact - Face to Face Interviewed Employee A at the facility.
08/29/2022	Contact - Face to Face 2022A1028073 - Interviewed Employee B at the facility.
08/29/2022	Contact - Document Received Received infection control policy and staff training documentation from ED/Sarah Woltman.
10/20/2022	Exited with Sarah Woltman via telephone. Report sent to AR/Louis Andriotti, Jr. and Admin/Sarah Woltman.

ALLEGATION:

Facility staff do not follow the facility infection control policy.

INVESTIGATION:

On 8/8/2022, the Bureau investigation received the allegation through the online complaint system.

On 8/9/2022, Adult Protective Services (APS) made the referral to Centralized Intake.

On 8/29/2022, I interviewed executive director, Sarah Woltman, at the facility. Ms. Woltman reported all staff are required to wear facial coverings in the facility unless there is a medical or religious exemption in place. Ms. Woltman reported there are a few who work in the facility that have this exemption. Ms. Woltman reported visitors are encouraged to wear masks and most comply, but there is not a facility mask mandate for visitors, and this is in accordance with the local health department and CMS rules. Ms. Woltman reported there are no active Covid-19 cases in the facility and there have not been for some time. Ms. Woltman provided me a copy of the infection control policy and recent staff training on infection control for my review.

On 8/29/22, I interviewed Employee A at the facility who reported unless staff have an exemption for health or religion, all staff are required to wear a mask while working in the facility. Employee A reported the facility educates and trains all staff on infection control and the importance of wearing a mask when onboarding and through continuing education monthly. Visitors are no longer required to wear a mask and most comply when asked to. Employee A reported staff are counseled if they are caught not wearing a mask or wearing it incorrectly.

On 8/29/22, I interviewed Employee B at the facility. Employee B's statements are consistent with Ms. Woltman's and Employee A's statements.

On 8/29/22, I completed an inspection of the facility which revealed three staff members not wearing any facial coverings upon entering the facility and one staff member wearing the facial covering incorrectly, exposing [their] nose. The three staff members were later witnessed wearing a mask only after it was realized the licensing department personnel was present in the facility and had observed the three staff members without masks.

On 8/31/2022, I reviewed the facility infection control policy which revealed staff were routinely educated on the proper use of facial masks and other personal protective equipment (PPE) and staff would use facial masks while in the facility and in accordance with the facility infection control policy.

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>(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>There is evidence of a sufficient facility infection control policy and evidence to support facility staff have been appropriately trained and educated on the proper use of PPE in accordance with that policy.</p> <p>However, staff are not following the infection control policy as witnessed with three staff members not wearing any facial coverings at the facility and one staff member wearing the facial covering incorrectly, exposing [their] nose on 8/29/2022. Therefore, the facility is in violation.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

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



8/31/2022

Julie Viviano
Licensing Staff

Date

Approved By:



10/05/2022

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

Date