



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 5, 2022

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

RE: License #: AL410400138
Vista Springs Terrace Cove
3740 Vista Springs Ave NE
Grand Rapids, MI 49525

Dear Mr. Andriotti, Jr.:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license are renewed. The license is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, you may contact the local office at (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Arlene B. Smith".

Arlene B, Smith, MSW, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(616) 916-4213

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #: AL410400138

Licensee Name: Vista Springs Northview, LLC

Licensee Address: Ste 110
2610 Horizon Dr. SE
Grand Rapids, MI 49546

Licensee Telephone #: (616) 364-4690

Licensee/Licensee Designee: Louis Andriotti, Jr., Designee

Administrator: Louis Andriotty, Jr.

Name of Facility: Vista Springs Terrace Cove

Facility Address: 3740 Vista Springs Ave NE
Grand Rapids, MI 49525

Facility Telephone #: (616) 364-4690

Original Issuance Date: 04/08/2020

Capacity: 20

Program Type: AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/05/2022

Date of Bureau of Fire Services Inspection if applicable: 03/21/22

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Health and Wellness Director.

- Medication pass / simulated pass observed? Yes No If no, explain.
There were no residents present the time I was there
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. The Licensee does not accept any residents' funds.
- Meal preparation / service observed? Yes No If no, explain.
It was not at meal time,
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
- E-scores reviewed? (Special Certification Only) Yes No N/A
If no, explain.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes No If no, explain.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

Exit Conference completed with the Licensee Designee, Louis Andriotty, Jr. and he agreed with my findings.

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular large adult foster care license.

Arlene B. Smith

10/05/2022

Arlene B. Smith MSW
Licensing Consultant

Date