



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
DIRECTOR

April 15, 2020

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

RE: Application #: AL410400135  
Vista Springs The Lodge  
3736 Vista Springs Ave NE  
Grand Rapids, MI 49525

Dear Mr. Andriotti, Jr.:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

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 (616) 356-0100.

Sincerely,

*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

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL410400135
<b>Applicant Name:</b>	Vista Springs Northview, LLC
<b>Applicant Address:</b>	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
<b>Applicant Telephone #:</b>	(616) 259-8659
<b>Administrator/Licensee Designee:</b>	Louis Andriotti, Jr., Designee Melissa Ellis, Administrator
<b>Name of Facility:</b>	Vista Springs the Lodge
<b>Facility Address:</b>	3736 Vista Springs Ave NE Grand Rapids, MI 49525
<b>Facility Telephone #:</b>	(616) 364-4690
<b>Application Date:</b>	05/29/2019
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS

## II. METHODOLOGY

04/09/2019	Inspection Completed-Fire Safety: A Completed for AL410337475
05/29/2019	Enrollment
06/12/2019	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Louis Andriotti and AFC 100 for Michelle Rashid
10/01/2019	Contact - Document Received Received email noting Michelle Rashid, Administrator can sign documents on behalf of the Licensee Designee.
10/22/2019	Contact - Document Received 1326 & RI-030 for Louis (LD)
10/23/2019	Lic. Unit file referred for background check review Louis Andriotti
10/28/2019	Lic. Unit received background check file from review NS and cont. processing for Louis Andriotti
10/28/2019	Contact - Document Received AFC 100 for Admin Michelle Rashid
10/28/2019	File Transferred to Field Office Grand Rapids
10/28/2019	Contact - Document Received Received AFC 100 for Michelle Rashid, Administrator.
10/31/2019	Contact - Document Received received an email from Karen Hodge.
12/20/2019	Application Incomplete Letter Sent
12/20/2019	Contact - Telephone call received Discussed with Karen Hodge the required paperwork for the new license.
12/20/2019	Application Incomplete Letter Sent
01/21/2020	Contact - Document Received Letter received from Louis Andriotti. "This home will accept only individuals with a diagnosis of Alzheimer's Disease or other

	dementias. Wheelchair Accessible is accurate for program type as well."
01/23/2020	Contact - Document Received Email received from Karen Hodge, with operating lease agreement.
02/07/2020	Contact - Document Received Received letter from Lou Andriotti stating that he had appointed Melissa Ellis as the Administrator for Vista Springs The Lodge. He stated that she can sign the required documents as a representative of Vista Springs for this home on behalf of himself.
02/07/2020	Contact - Document Received Received Melissa Ellis's negative TB skin test. Melissa Ellis's trainings including her First Aid CPR AED. Received her resume.
02/07/2020	Contact - Document Received Letter from Karen Hodge about the changes in the Administrator.
02/10/2020	Inspection Completed On-site
02/10/2020	Contact - Document Received Received Service/Plan, Care/Plan that they will be using in their facilities.
02/10/2020	Contact - Document Received Received Applications for Vista Springs The Lodge.
02/10/2020	Contact - Document Received Received a fax containing Ms. Elli's Medical Clearance.
02/10/2020	Inspection Completed Full Compliance.
02/12/2020	Contact Document Received Zoning Packet Received.
02/12/2020	Contact Document Received Floor plan for the Lodge.
02/12/2020	Contact Document Received LARA Corporations Online Filing System Annual Statement 2020 Limited Liability Company Name: Vista Springs Northview

	LLC. Michigan Department of Licensing and Regulatory Affairs Filing Endorsement: This is to Certify that the 2020 Annual Statement for Vista Springs Northview LLC ID number 802252216, is hereby endorsed.
02/12/2020	Contact Document Received Information on the corporations.
02/16/2020	Contact Document Sent Requested letter for Lou Andriotti to be the Licensee Designee.
02/16/2020	Contact Document Received Management Services Agreement, First Amendment to Management Services Agreement, and Articles of Organization For use by Domestic Limited Liability Company.
02/19/2020	Contact Document Received LARA Corporations Online Filing System, Annual Statement Identification Number 802188551, Limited Liability Company Vista Michigan Operations LLC.
03/06/2020	Contact Document Received Vista Springs Members, Vista Springs Northview, LLC Resident Admission Contact, Vista Springs Northview Terrace Harbor and Terrace Cove, Program Statement, and Vista Springs Northview, LLC Resident Admission Contract. Received The Lodge Program Statement, Admission Contact, and Admission Policy.
03/08/2020	Contact Document Received Discharge Policy, Lou Andriotti's resume, Vista Springs Northview Personnel Policies and Vista Springs Admission Policy.
03/08/2020	Contact Document Received Memo from Karen Hodge on Fire Inspections.
03/09/2020	Contact Document Received Employee Handbook received.
03/09/2020	Contact Document Received The qualifications for the Chet for all three facilities.
03/12/2020	Contact Document Received Letter from Lou Andriotti, for a Substitution forms for Resident Funds.

03/13/2020	Contact – Document Received Request for variance freedom of movement R40015304 (1) (b)
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### III. DESCRIPTION OF FINDING & CONCLUSIONS:

#### A. Physical Description of Facility

This is a one story, stand alone, 20 resident bed facility which was built specifically as an adult foster care home. It is a wood framed structure on a cement slab, located in a residential area on the north side of the city of Grand Rapids. This home is located near two other licensed facilities owned by the same corporation. The home is a very large structure with a center island. On the north side of the island is the dining area for the residents. Beyond that area is a piano and activity area. On the south end of the facility are two activity areas. There are (20) individual resident bedrooms and they are located on the two outside perimeter walls. There are (10) ten resident bedrooms on the west wall and (10) ten resident bedroom on the east well. Each bedroom contains a half bathroom. The home directly next to a licensed Home for the Aged with a full kitchen two large and two small storage rooms, a staff/conference room and a break room, an office, a beauty shop, a laundry room, a bath (tub) room, a shower room, and two small bath rooms and a utility kitchen. The foods are brought from the Licensed Home For the Aged full kitchen in heated containers. The home is handicap accessible because the home is all on a flat surface. They will utilize city water and sewer. There are two patios off each end of the home. The home contains a front door which leads through a hallway from into the main area of the home and the door to this area is locked with a key-pad. There is a half-locked door that has a 15 second delay lock. The facility has two exits, containing non-locking-against egress doors at either end of the facility which leads into the sides and the rear of the home, which contains perimeter chain link fencing for a large lawn “track like” area. There are two gates that exit off the back yard which contain padlocks. The two exit doors are alarmed that go off when a resident exits the facility, and this allows the staff to know that a resident is leaving the facility. The staff are required to type in a four-digit code and to silence the alarm and then they are required to reset the alarm. The locked perimeter fencing is intended to provide safety and welfare for the AFC residents.

On April 13, 2020, the department granted a variance to R400.15304(1)(b)(2) Resident rights: licensee responsibilities related to the resident’s freedom of movement. This permits the backyard perimeter fence to be locked against egress with facility staff and local emergency personnel (Plainfield Fire Department) having a key to have access, or to evacuate residents in an emergency. The residents exit out the end doors for their fire drills and resident are able to get a large distance from the building.

The facility was licensed by Northview Care corporation with Scott Graves as the Licensee Designee. The home was called Northview Manor Special Care, license # AL410007164 and it was licensed on 04/29/1992. I was closed on 09/16/2013 when it was purchased by Vista Springs Northview Operations, LLC.

The boiler and hot water heater are located on the main floor, in an mechanical room, that is constructed of materials that provide a 1 hour-fire-resistance with a 1 ¾ inch solid door equipped with an automatic self-closing device and positive latching hardware, in a fully stopped frame. The facility is equipped with interconnected, hardwire smoke detection system, with battery back-up, which was installed by a licensed electrician and is fully operational. The facility is equipped with an approved pull station alarm system and a sprinkler system installed throughout and there are heat detectors located in the attic of the home.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	11' 9" x 14' 1"	165.44	1
2	11' 9" x 14' 1"	165.44	1
3	13' 5" x 11' 9"	157.69	1
4	13' 10" x 11' 9"	162.50	1
5	13' 10" x 11' 10"	163.61	1
6	12' 11" X 11' 8"	162.31	1
7	13' 10" X 11' 9"	162.50	1
8	13' 5' x 11' 9"	157.69	1
9	14' 3" x 11' 9"	167.44	1
10	13' 10" x 11' 9"	162.50	1
11	14' 2" x 11' 9"	166.50	1
12	13' 9" x 11' 9"	161.56	1
13	13' 10" x 11' 10"	163.61	1
14	13' 10' x 11' 9"	162.50	1
15	13' 10" x 11' 9"	162.50	1
16	13' 10" x 11' 0'	162.50	1
17	13' 10" X 11' 9"	162.50	1
18	13' 10" X 11' 9"	162.50	1
19	13' 10" X 11' 9"	162.50	1
20	13' 10" X 11' 9"	152.50	1

The living, dining, and sitting room areas measure a total of 2,070 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate twenty (20) residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

## **B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to twenty

(20) male or female ambulatory adults or adults that use wheelchairs. This home will accept only individuals with a diagnosis of Alzheimer's Disease or other dementias in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. The applicant intends to accept Private Pay individuals.

The licensee will provide all transportation for program activities. They will help to find transportation for Residents for medical needs with the residents along with their family members. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Vista Springs Northview, LLC, Inc., which is a "For Profit Corporation" and a "Domestic Limited Liability Company," and it was established in Michigan, on 11/01/2018. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Louis J. Andriotti Jr. is the sole owner of Vista Springs Northview LLC, Inc. and he has appointed himself as the Licensee Designee for this facility and Melissa Ellis as the Administrator of the facility and he has submitted documentation appointing as Melissa Ellis as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee, and the administrator. The applicant licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of staff 2 to-20 residents per shift. The applicant acknowledges that the staff 2 to 20 resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.



The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee’s record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee’s record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and The Licensee has chosen not to handle any of the resident's, personal money transactions.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

#### IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to this adult foster care large group home capacity 20.

*Arlene B. Smith*

04/14/2020

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Arlene B. Smith MSW  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

04/15/2020

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Jerry Hendrick  
Area Manager

Date