



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 8, 2020

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

RE: Application #: AL410400137  
Vista Springs Terrace Harbor  
3740 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>	AL410400137
<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 Susan Alveshere, Administrator
<b>Name of Facility:</b>	Vista Springs Terrace Harbor
<b>Facility Address:</b>	3740 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>	AGED, ALZHEIMER'S

## II. METHODOLOGY

04/09/2019	Inspection Completed-Fire Safety: A Completed for AL410337474
05/29/2019	Enrollment
06/12/2019	Application Incomplete Letter Sent 1326/Fingerprint/RI 030 for Louis Andriotti and AFC 100 for Michelle Rashid
10/22/2019	Contact - Document Received 1326/Fingerprint/RI 030 for Louis Andriotti
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 Michelle Rashid
10/28/2019	File Transferred To Field Office Grand Rapids
10/31/2019	Contact - Document Received E-mail received from Karen Hodge, Corporate Compliance Officer.
12/17/2019	Contact - Document Received Email receive from Karen Hodge about the renewals.
12/20/2019	Contact - Telephone call received From Karen Hodge. discussed the process. I found the fire inspection was in April so it will be used for this opening.
12/20/2019	Application Incomplete Letter Sent
01/21/2020	Contact - Document Received Letter received from Mr. Lou Andriotti
01/23/2020	Contact - Document Received Email received from Karen Hodge, with attachments
02/04/2020	Contact - Document Received Letter from Lou Andriotti, CEO President, Vista Springs,

02/07/2020	Contact - Document Received Susan Alveshire's qualifications.
02/10/2020	Inspection Completed On-site
02/10/2020	Contact - Document Received Received Service/Plan, Care/Plan that they will use in their facilities.
02/10/2020	Contact - Document Received Application for the Lodge.
02/10/2020	Contact - Document Received Service/Plan, Care/Plan that they will be using in their facility.
02/12/2020	Contact - Document Received Zoning Packet Received.
02/12/2020	Contact - Document Received Floor Plans.
02/12/2020	Contact - Document Received Lara Corporations Online Filing System Annual Statement 2020 Limited Liability Company Name
02/12/2020	Contact - Document Received Memo received from Lou Andriotti, Ph.D. NHA, President & CEO Vista Springs: Change the name of the facility, to Vista Springs Terrace Harbor. (This was the formerly south side).
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 Received a memo from Karen Hodge
02/19/2020	Contact - Document Received LARA corporations Online Filing System, Annual Statement
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.
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.
03/08/2020	Contact - Document Received Employee Handbook and training certificate's for Lou Andriotti and Susan Alreshere.
03/09/2020	Contact - Document Received The qualifications for the Chef for all three facilities.

### III. DESCRIPTION OF FINDINGS AND CONCLUSIONS:

#### **A. Physical Description of Facility**

The one story 20 bed facility 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. The facility is attached to a 20-bed licensed Adult Foster Care home (Vista Springs Terrace Cove-License # AL410400138) with a fire wall between them. The facility has two wings of resident bedrooms which run off the center of the home. The front hall contains (9) nine resident bedrooms and the rear hall contains (11) eleven resident bedrooms. There are (4) four resident bedrooms that contain a full bath and there (16) sixteen resident bedrooms that contain a half bath. The home contains a laundry room, a dining room/terrace, a utility kitchen, a nurse station, (2) two full baths and a business office(s), which are located by the main entrance. The north and south sides of these two 20 beds are connected by an approved fire will. The main kitchen is on the north of the two 20 side facilities but has a door directly to the south side. The facility is on one level and therefore is wheelchair accessible and it has (2) two means of egress. The facility will utilize public water and sewage system.

This facility was previously licensed by Northview Care Corporation, under the name of Northview Manor South, License # AL410007146 from 08/01/1989 until 09/16/2013. The facility was sold to Vista springs Northview Operations, LLC, Licensee Designee Louis J. Andriotti and was opened as Vista Springs Northview Terrace South on 09/16/2013.

The boiler and hot water heater are located on the main floor, off the kitchen hallway in a mechanical room, that is constructed of materials that provide a 1 hour-fire-resistance with a 1-3/4 inch solid core 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 is 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	12' 11" x 13'	168	1
2	12' 11" x 13'	168	1
3	12' 10" x 13' 1'	168	1
4	12' 11" x 13' 1"	169	1
5	12' 10" x 14' 3"	182.83	1
6	13' 10" x 19' 1"	263.88	1
7	10' 5" x 12' 10"	159.35	1
8	12' 11" x 12' 9"	164.73	1
9	12' 10" x 12' 5"	159.35	1
10	12' 10" x 12' 5"	159.35	1
11	12' 1" x 12' 6"	162.5	1
12	12' 1" x 12' 5"	150.03	1
13	12' 11" x 12' 4"	159.30	1
14	12' 10" x 14' 11"	191.42	1
15	12' 9" x 14' 1"	179.52	1
16	12' 10" x 14' 1"	180.65	1
17	12' 9" x 14' 1"	179.52	1
18	12' 10" x 14' 1"	180.65	1
19	12' 10" x 14' 1"	180.65	1
20	12' 9" x 14' 1"	180.52	1

The living, dining, and terrace areas measure a total of 745 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 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 adults, ambulatory or who use a wheelchair. These adults whose diagnosis Aged and Alzheimer's, 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 residents that are private pay individuals. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs as necessary, but they are not caring for the developmentally disabled or for the mentally ill.

The licensee will provide all transportation for program and 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.

Vista Springs Northview LLC is a single member LLC, owned 100% by Vista Michigan Operations LLC which is an S Corp owned solely by Louis J. Andriotti Jr. Their attorneys are simply the registered agent, not a member of the entity, which is required to have under Michigan Law. Therefore, Mr. Andriotti is able to appoint himself as the Licensee Designee for his corporation and he has appointed the Administrator, as Susan Alveshire.

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 staffing pattern for the original license of this 20-bed facility is adequate and includes a minimum of 2 staff -to- 20 residents per shift. The applicant acknowledges that the staff -to- 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.

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. The Licensee does not plan to manage any of the resident's, personal monies.

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*

04/08/2020

\_\_\_\_\_  
Arlene B. Smith MSW  
Licensing Consultant

Date

Approved By:

*Jerry Hendrick*

04/08/2020

\_\_\_\_\_  
Jerry Hendrick  
Area Manager

Date

