



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

March 18, 2022

Louis Andriotti, Jr.
IP Vista Springs Washington Place OpCo, LLC
Ste 110
2610 Horizon Drive SE.
Grand Rapids, MI 49546

RE: License #: AL500393430
Vista Springs Washington Place - Spring Harbor
11900 Vista Springs Blvd.
Washington Township, MI 48095

Dear Mr. Andriotti, Jr.:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AL500393430
Licensee Name:	IP Vista Springs Washington Place OpCo, LLC
Licensee Address:	Ste 110 2610 Horizon Drive SE. Grand Rapids, MI 49546
Licensee Telephone #:	(616) 710-2049
Licensee/Licensee Designee:	Louis Andriotti, Jr.,
Administrator:	Kristina Djelevic
Name of Facility:	Vista Springs Washington Place - Spring Harbor
Facility Address:	11900 Vista Springs Blvd. Washington Township, MI 48095
Facility Telephone #:	(586) 331-9400
Original Issuance Date:	09/27/2019
Capacity:	20
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/15/2022

Date of Bureau of Fire Services Inspection if applicable: 01/24/2022

Date of Health Authority Inspection if applicable: 11/24/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 17
No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures with Administrator.
- 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.
- Meal preparation / service observed? Yes No If no, explain.
Inspection did not occur during a meal preparation.
- 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:
CAP date 08/24/2020- AS403(1) 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 found to be in non-compliance with the following rules:

R 400.15312	Resident medications.
	(4)(b) Complete an individual medication log that contains all of the following information: (iii) Label instructions for use.
Resident A's Lisinopril had different instructions on pharmacy container and medication log. The medication log indicated to give ½ a 10 mg tablet. The bottle indicated to take one 5 mg tablet.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



03/18/2022

Kristine Cilluffo
Licensing Consultant

Date