



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 31, 2020

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

RE: License #: AL410400135
Vista Springs The Lodge
3736 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) 356-0100.

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 #: AL410400135

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: Kristina Carpia

Name of Facility: Vista Springs The Lodge

Facility Address: 3736 Vista Springs Ave NE
Grand Rapids, MI 49525

Facility Telephone #: (616) 364-4690

Original Issuance Date: 04/15/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS, AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/18/2020

Date of Bureau of Fire Services Inspection if applicable: 04/20/2020

Date of Health Authority Inspection if applicable: 04/08/2020

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
- 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. They do not handle any resident monies.
- Meal preparation / service observed? Yes No If no, explain.
It was not meal time when I was there for the renewal.
- 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.

I conducted an exit conference by email with the Licensee Designee, Louis Andriotti, 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 adult foster care license.

Arlene B. Smith

12/31/2020

Arlene B. Smith, MSW
Licensing Consultant

Date