

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA ACTING DIRECTOR

September 11, 2023

Louis Andriotti, Jr. Vista Springs Ctr/Memory Care & Rediscovery 3736 Vista Springs Ave. Grand Rapids, MI 49525

RE: License #: AH410400149

Vista Springs Ctr/Memory Care & Rediscovery

3736 Vista Springs Ave. Grand Rapids, MI 49525

Dear Licensee:

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

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 feel free to contact the local office at (517) 241-1970.

Sincerely,

Lauren Wohlfert, Licensing Staff Bureau of Community and Health Systems Unit 13, 7th Floor 350 Ottawa, N.W. Grand Rapids, MI 49503

(616) 260-7781

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH410400149	
Licensee Name:	Vista Springs Northview, LLC	
Licensee Address:	Ste 110	
	2610 Horizon Dr. SE	
	Grand Rapids, MI 49546	
Licenses Telembone #	(040) 204 4000	
Licensee Telephone #:	(616) 364-4690	
Authorized Representative:	Louis Andriotti, Jr.	
Authorized Representative.	Louis Andriotti, or.	
Administrator:	Erin Witter	
Name of Facility:	Vista Springs Ctr/Memory Care &	
_	Rediscovery	
Facility Address:	3736 Vista Springs Ave.	
	Grand Rapids, MI 49525	
Escility Tolonhone #:	(616) 364-4690	
Facility Telephone #:	(010) 304-4090	
Original Issuance Date:	03/04/2020	
	55.5525	
Capacity:	56	
Program Type:	ALZHEIMERS	

II. METHODS OF INSPECTION

Date of On-site Inspection	(s): 9/11/2023		
Date of Bureau of Fire Services Inspection if applicable: 2/7/2023			
Inspection Type:	☐Interview and Observation☐Combination	⊠Worksheet	
Date of Exit Conference: 9/11/23			
No. of staff interviewed and/or observed 9 No. of residents interviewed and/or observed 17 No. of others interviewed 0 Role No visitors at time of inspection			
Medication pass / simulated pass observed? Yes ⊠ No ☐ If no, explain.			
 Medication(s) and medication records(s) reviewed? Yes ⋈ No ☐ If no, explain. Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ⋈ If no, explain. No resident funds held in trust Meal preparation / service observed? Yes ⋈ No ☐ If no, explain. 			
 Fire drills reviewed? Yes ☐ No ☒ If no, explain. Bureau of Fire Services (BFS) reviewed fire drills, disaster plans were reviewed with staff Water temperatures checked? Yes ☒ No ☐ If no, explain. 			
 Corrective action plan Special Investigation F dated 8/23/2021, SIR 12/22/2023, SIR 2022 1/26/2022, and SIR 20 	p? Yes ☐ IR date/s: N/A compliance verified? Yes ☐ Report (SIR) number 2021A101 2022A1010004 rules 1921(1)(b A1021014 rules 1931(2), 1917, 022A1010020 rule 20201(2)(I) mployees followed up? 5 N/A ☐	CAP date/s and rule/s: 0040 rule 1932(1) CAP o) and 1931 (2) dated	

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

I recommend issuance of a regular license to this home for the aged.

Jamen Wohlfat 09/11/2023

Date

Licensing Consultant