



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

March 5, 2024

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 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 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
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(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 #:	(586) 331-9400
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:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2024

Date of Bureau of Fire Services Inspection if applicable: 01/23/2024

Date of Health Authority Inspection if applicable: 12/15/2023

No. of staff interviewed and/or observed 5

No. of residents interviewed and/or observed 18

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medication passing procedures.
- 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.
BFS approval 01/23/2024
- 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 03/18/2022- AS312(4)(b) 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.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



03/05/2024

Kristine Cilluffo
Licensing Consultant

Date