



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 5, 2024

Louis Andriotti, Jr.  
IP Vista Springs Timber Ridge Opco, LLC  
Ste 110  
2610 Horizon Dr. SE  
Grand Rapids, MI 49546

RE: License #: AL190383349  
**Vista Springs Gardenside at Timber Ridge**  
**16260 Park Lake Road**  
**East Lansing, MI 48823**

Dear Louis Andriotti, Jr.:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It is valid only at your present address and is nontransferable.

Please contact me with any questions. If I am not available and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Rodney Gill". The signature is written in a cursive style with a large initial 'R' and a distinct 'G'.

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909

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

**I. IDENTIFYING INFORMATION**

**License #:** AL190383349

**Licensee Name:** IP Vista Springs Timber Ridge Opco, LLC

**Licensee Address:** Ste 110  
2610 Horizon Dr. SE  
Grand Rapids, MI 49546

**Licensee Telephone #:** (303) 929-0896

**Licensee Designee:** Louis Andriotti, Jr.

**Administrator:** Erin Witter

**Name of Facility:** Vista Springs Gardenside at Timber Ridge

**Facility Address:** 16260 Park Lake Road  
East Lansing, MI 48823

**Facility Telephone #:** (517) 339-2322

**Original Issuance Date:** 11/14/2016

**Capacity:** 20

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2024

Date of Bureau of Fire Services Inspection if applicable: 10/09/2023

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 3

No. of others interviewed 0 Role: [REDACTED]

- 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.
- Meal preparation / service observed? Yes  No  If no, explain.
- 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:  
08/16/2022: 205(3)(5)-312(3) 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.

This facility was found to be in non-compliance with the following rules:

**R 400.15205            Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.**

Direct care staff member (DCSM) Mahkiri Slepodnick (DOB 05/04/1999) requires an updated tuberculosis (TB) test.

A corrective action plan was requested and approved on 06/04/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



06/05/2024

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Rodney Gill  
Licensing Consultant

Date