



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

August 22, 2024

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

RE: License #: AL190383348  
**Vista Springs Center for Memory Care Rediscovery**  
**16260 Park Lake Road**  
**East Lansing, MI 48823**

Dear Mr. Andriotti, Jr.:

Attached is the Addendum to the Original Licensing Study Report for the above referenced facility.

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 contact the local office at (517) 284-9730.

Sincerely,

*Bridget Vermeesch*

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

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
ADDENDUM TO ORIGINAL LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL190383348
<b>Licensee Name:</b>	IP Vista Springs Timber Ridge Opco, LLC
<b>Licensee Address:</b>	Ste 110 2610 Horizon Dr. SE Grand Rapids, MI 49546
<b>Licensee Telephone #:</b>	(303) 929-0896
<b>Licensee Designee:</b>	Louis Andriotti, Jr.
<b>Administrator:</b>	Erin Witter
<b>Name of Facility:</b>	Vista Springs Center for Memory Care Rediscovery
<b>Facility Address:</b>	16260 Park Lake Road East Lansing, MI 48823
<b>Facility Telephone #:</b>	(303) 929-0893
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

**II. Purpose of Addendum**

On August 13, 2024, I was notified in writing by Louis Andriotti, Jr., Licensee Designee with a request for a facility name change from Vista Springs Rediscovery at Timber Ridge to Vista Springs Center for Memory Care Rediscovery. On August 22, 2024, I received an application without fee documenting the new facility name.

**III. Methodology**

08/13/2024- Received letter requesting a facility name change.  
08/22/2024- Received application without fee with new facility name.

**IV. Description of Findings and Conclusions**

Upon receipt of the licensee’s written request for the facility name change, I have determined that the requested name change is not due to a change of licensee. An application without fee has been received reflecting the name change only and no change in licensee or tax identification number.

**V. Recommendation**

It is recommended that the Original LSR be amended to reflect the facility name change from Vista Springs Rediscovery at Timber Ridge to Vista Springs Center for Memory Care Rediscovery.

*Bridget Vermeesch*

08/22/2024

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Bridget Vermeesch Date  
Licensing Consultant

Approved:

*Dawn Timm*

08/22/2024

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Dawn Timm Date  
Area Manager