



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 24, 2025

Louis Andriotti, Jr.
IP Vista Springs Timber Ridge Opco, LLC
PO Box 4338
East Lansing, MI 48823-9998

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 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 (517) 335-5985.

Sincerely,

Bridget Vermeesch

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

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

I. IDENTIFYING INFORMATION

License #: AL190383348

Licensee Name: IP Vista Springs Timber Ridge Opco, LLC

Licensee Address: 1140 Abbot Rd
East Lansing, MI 48823-9998

Licensee Telephone #: (303) 929-0896

Licensee/Licensee Designee: Louis Andriotti, Jr.

Administrator: Erin Witter

Name of Facility: Vista Springs Center for Memory Care
Rediscovery

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): 04/23/2025

Date of Bureau of Fire Services Inspection if applicable: 10/08/2024, 10/09/2023, 11/13/2024

Date of Health Authority Inspection if applicable: Public Water and Sewer

No. of staff interviewed and/or observed 0

No. of residents interviewed and/or observed 0

No. of others interviewed [redacted] Role: [redacted]

- Medication pass / simulated pass observed? Yes No If no, explain.
No resident in care.
- Medication(s) and medication record(s) reviewed? Yes No If no, explain.
No residents in care
- Resident funds and associated documents reviewed for at least one resident?
Yes No If no, explain. No residents in care
- Meal preparation / service observed? Yes No If no, explain.
No residents in care
- 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

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, capacity of 20.

Bridget Vermeesch

04/24/2025

Bridget Vermeesch
Licensing Consultant

Date