



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 31, 2025

Louis Andriotti, Jr.
Vista Springs Imperial Park at Timber Ridge
16260 Park Lake Road
East Lansing, MI 48823

RE: License #: AH190401909
Investigation #: 2025A1021066
Vista Springs Imperial Park at Timber Ridge

Dear Lou Andriotti, Jr.:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the authorized representative and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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) 335-5985.

Sincerely,

Kimberly Horst, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
Lansing, MI 48909

enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH190401909
Investigation #:	2025A1021066
Complaint Receipt Date:	07/03/2025
Investigation Initiation Date:	07/08/2025
Report Due Date:	09/02/2025
Licensee Name:	IP Vista Springs Timber Ridge Opco, LLC
Licensee Address:	1140 Abbot Rd East Lansing, MI 48823-9998
Licensee Telephone #:	(303) 929-0896
Administrator:	Erin Witter
Authorized Representative:	Louis Andriotti, Jr., Designee
Name of Facility:	Vista Springs Imperial Park at Timber Ridge
Facility Address:	16260 Park Lake Road East Lansing, MI 48823
Facility Telephone #:	(517) 339-2322
Original Issuance Date:	11/04/2020
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	40
Program Type:	AGED

II. ALLEGATION(S)

	Violation Established?
Facility has insufficient staff.	Yes
Additional Findings	No

III. METHODOLOGY

07/03/2025	Special Investigation Intake 2025A1021066
07/08/2025	Special Investigation Initiated - On Site
07/11/2025	Contact-Telephone call made Interviewed SP3
07/31/2025	Exit Conference

ALLEGATION:

Facility has insufficient staff.

INVESTIGATION:

On 07/03/2025, the licensing department received a complaint with allegations that on 06/25/2025 on third shift only one employee worked in the facility.

On 07/08/2025, I interviewed staff person 1 (SP1) at the facility. SP1 reported as of today there are 30 residents that reside in the facility. SP1 reported that for the third shift, the facility tries to schedule three employees, but at times has two employees. SP1 reported that if there is an unexpected call in for the facility, the third staff member may have to float to the other building. SP1 reported the facility never has only one employee. SP1 reported the facility does not have a mandation policy. SP1 reported that if there is an unexpected call off, the facility will ask for an employee to stay over and an employee to come in early. SP1 reported if the shift is not picked up, then the on-call manager will work the floor. SP1 reported the facility does have multiple employees call off for their shift. SP1 reported the facility is currently hiring for all shifts. SP1 reported there are five residents that are a two person assist, three residents with catheters, one resident with behaviors, five residents that require assistance getting into bed, and all residents are checked on every two hours. SP1 reported third shift is responsible for laundry tasks.

On 07/08/2025, I interviewed SP4 at the facility. SP4 reported she typically works first shift. SP4 reported she has come into the facility and residents report they have been waiting a while for staff to come into their room. SP4 reported many times there are only two staff members working on third shift.

On 07/08/2025, I interviewed SP5 at the facility. SP5 statements were consistent with those made by SP4.

On 07/08/2025, I interviewed SP2 by telephone. SP2 reported on 06/25/2025, she worked at the facility. SP2 reported she came to the facility at approximately 4:00am, worked with another staff member, and worked on the floor until the first shift came in.

On 07/11/2025, I interviewed SP3 by telephone. SP3 reported she typically works third shift. SP3 reported she has never worked alone but has worked with only one other person. SP3 reported that when there is only two people working, the residents that require two person assistance receive this assistance but that leaves the remaining residents unattended. SP3 reported the residents receive their two-hour checks but the checks can be delayed due to staffing levels. SP3 reported staff can leave the facility for their breaks, which results in there being only one staff member in the building.

I reviewed four resident service plans. The service plans revealed all four residents were listed as requiring two-person assistance with transfers.

I reviewed call pendent log for 07/02/2025-07/08/2025. The log revealed there were 169 calls for assistance on third shift.

I reviewed the staff schedule for 06/25/2025 for third shift. The schedule revealed there was a medication technician that worked the entire shift. Also, there was a personal wellness partner that worked 11:00pm-4:00am. There was a manager that then worked the remainder of the shift.

I reviewed the staff schedule for 06/29/2025-07/05/2025. The schedule revealed on third shift on 07/01/2025 and 07/04/2025 there were only two employees working. On 07/02/2025 from 11:00pm-3:00am there were only two employees working.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	Interviews with staff, consideration of care needs as identified in their plans of care, along with schedule review revealed the facility has a lack of staff to provide care to the residents. There are at least four residents that require two staff persons to assist, yet at times there are only two caregivers in that unit, indicating other residents that require supervision or assistance are without it during that time. REPEAT VIOLATION: AH190401909_SIR_2025A1021025 dated 01/21/2025; corrective action plan dated 01/24/2025.
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.



07/14/2025

Kimberly Horst
Licensing Staff

Date

Approved By:



07/31/2025

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date