



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 6, 2026

Louis Andriotti, Jr.  
IP Vista Springs Washington Place OpCo, LLC  
Ste 110  
2610 Horizon Drive SE.  
Grand Rapids, MI 49546

RE: License #: AL500393428  
**Vista Springs Washington Place - Spring Cove**  
**12120 Vista Springs Blvd**  
**Washington Twp, MI 48095**

Dear Mr. Andriotti:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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) 972-9136.

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**

<b>License #:</b>	AL500393428
<b>Licensee Name:</b>	IP Vista Springs Washington Place OpCo, LLC
<b>Licensee Address:</b>	Ste 110 2610 Horizon Drive SE. Grand Rapids, MI 49546
<b>Licensee Telephone #:</b>	(586) 331-9400
<b>Licensee/Licensee Designee:</b>	Louis Andriotti, Jr.
<b>Administrator:</b>	Kristina Djelevic
<b>Name of Facility:</b>	Vista Springs Washington Place - Spring Cove
<b>Facility Address:</b>	12120 Vista Springs Blvd Washington Twp, MI 48095
<b>Facility Telephone #:</b>	(586) 331-9400
<b>Original Issuance Date:</b>	09/27/2019
<b>Capacity:</b>	20
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/05/2026

Date of Bureau of Fire Services Inspection if applicable: 01/09/2026

Date of Health Authority Inspection if applicable: 12/11/2025

No. of staff interviewed and/or observed 4

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 medications with Administrator.
- 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 of kitchen did not occur during meal preparation.
- Fire drills reviewed? Yes  No  If no, explain.
- Fire safety equipment and practices observed? Yes  No  If no, explain.  
BFS inspection on 01/09/2026
- 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

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

<b>R 400.631</b>	<b>Health screenings.</b>
	<b>(4) A licensee shall annually review and maintain in the facility the health status of the staff and members of the household. Verification of annual reviews must be maintained for 2 years.</b>
Staff, Leslie Cheatum, did not have a current annual health review in employee file. Annual health review was last completed in December 2023. An updated annual health review was completed and signed by Ms. Cheatum on 03/05/2026.	
<b>R 400.673</b>	<b>Use of assistive devices, therapeutic support.</b>
	<b>(1) An assistive device or therapeutic support intended to achieve or maintain a resident's proper position to enhance mobility, physical comfort, safety, and well-being must be specified in the resident's assessment plan and agreed on by the resident or resident's designated representative.</b>
Resident A's use of wheelchair, foot pedals and floor mat were not listed in assessment plan. Assessment plan was updated and signed by guardian on 03/05/2026.	

### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Kristine Cilluffo*

03/06/2026

Kristine Cilluffo  
Licensing Consultant

Date