



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 #: AL500393430
Vista Springs Washington Place - Spring Harbor
11900 Vista Springs Blvd.
Washington Township, MI 48095

Dear Mr. Andriotti, Jr.:

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

License #:	AL500393430
Licensee Name:	IP Vista Springs Washington Place OpCo, LLC
Licensee Address:	Ste 110 2610 Horizon Drive SE. Grand Rapids, MI 49546
Licensee Telephone #:	(586) 331-9400
Licensee/Licensee Designee:	Louis Andriotti, Jr.,
Administrator:	Kristina Djelevic
Name of Facility:	Vista Springs Washington Place - Spring Harbor
Facility Address:	11900 Vista Springs Blvd. Washington Township, MI 48095
Facility Telephone #:	(586) 331-9400
Original Issuance Date:	09/27/2019
Capacity:	20
Program Type:	AGED ALZHEIMERS

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 19

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 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:

R 400.673	Use of assistive devices, therapeutic support.
	(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.
Resident A did not have use of toilet assist, hospital bed and transport chair in assessment plan. Resident A's 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.



03/06/2026

Kristine Cilluffo
Licensing Consultant

Date