

November 20, 2024

Tina Schrump  
The Chosen Vision  
13279 Audrey Lane  
Grand Ledge, MI 48937

RE: License #: AS190392513  
**Chosen Vision**  
**1123 Turner St.**  
**DeWitt, MI 48820**

Dear Ms.. Schrump:

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 and special certification are 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) 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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS190392513
<b>Licensee Name:</b>	The Chosen Vision
<b>Licensee Address:</b>	13279 Audrey Lane Grand Ledge, MI 48937
<b>Licensee Telephone #:</b>	(517) 410-6541
<b>Licensee Designee/Administrator:</b>	Tina Schrump
<b>Name of Facility:</b>	Chosen Vision
<b>Facility Address:</b>	1123 Turner St. DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 410-6541
<b>Original Issuance Date:</b>	06/08/2018
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/20/2024

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Environmental/Health Inspection if applicable: 08/20/2024

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: LD/Administrator

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- 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.
- 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

This facility was determined to be in substantial compliance with rules and requirements. 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 and special certification, capacity of 6.

*Bridget Vermeesch*

11/20/2024

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Bridget Vermeesch  
Licensing Consultant

Date