



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 28, 2025

Benjamin Visel  
Visel AFC, Inc.  
6565 Whitneyville Ave. SE  
Alto, MI 49302

RE: License #: AM410401224  
Investigation #: 2025A0467027  
Visel Hilltop AFC

Dear Mr. Visel:

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 responsible party and a date.

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 (616) 356-0100.

Sincerely,

Anthony Mullins, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor, 350 Ottawa, N.W., Grand Rapids, MI 49503

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410401224
<b>Investigation #:</b>	2025A0467027
<b>Complaint Receipt Date:</b>	03/03/2025
<b>Investigation Initiation Date:</b>	03/03/2025
<b>Report Due Date:</b>	05/02/2025
<b>Licensee Name:</b>	Visel AFC, Inc.
<b>Licensee Address:</b>	6565 Whitneyville Ave. SE Alto, MI 49302
<b>Licensee Telephone #:</b>	(616) 893-6613
<b>Administrator:</b>	Ben Visel
<b>Licensee Designee:</b>	Ben Visel
<b>Name of Facility:</b>	Visel Hilltop AFC
<b>Facility Address:</b>	6565 Whitneyville Ave. SE Alto, MI 49302
<b>Facility Telephone #:</b>	(616) 868-7478
<b>Original Issuance Date:</b>	06/25/2020
<b>License Status:</b>	REGULAR
<b>Effective Date:</b>	02/24/2024
<b>Expiration Date:</b>	02/23/2026
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

## II. ALLEGATION(S)

	Violation Established?
Resident A's personal needs are not being attended to by staff.	Yes

## III. METHODOLOGY

03/03/2025	Special Investigation Intake 2025A0467027
03/03/2025	Special Investigation Initiated - On Site
03/03/2025	APS Referral Received from Kent County APS
03/03/2025	Contact – Face to Face contact made with Resident A at Hope Network Day Program
04/28/2025	Exit conference with licensee designee, Ben Visel

**ALLEGATION:** Resident A's personal needs are not being attended to by staff.

**INVESTIGATION:** On 3/3/25, I received a LARA-BCHS online complaint from Kent County Adult Protective Services (APS). The complaint alleged that Resident A's personal needs are not being met. The complaint alleged that on 2/27/25, Resident A was wearing a soiled diaper, her clothes were dirty and her hair was greasy with dandruff present. It was alleged that Resident A was wearing the same diaper the day prior. It was also alleged that Resident A's pants were on backwards and falling down. It was reported that these concerns were brought to live-in manager Liz Nolan's attention, and she reportedly stated that she would work on it. However, Resident A's hygiene didn't improve.

On 3/3/25, I made an unannounced onsite investigation at the home. Upon arrival, staff allowed entry into the home and live-in manager, Liz Nolan agreed to discuss the allegations. Ms. Nolan denied any knowledge of Resident A's pants falling down or being on backwards prior to attending day program on 2/27/25. Ms. Nolan shared that Resident A's hair was knotted. However, she states that this is due to Resident A sleeping a lot. Ms. Nolan stated that on the morning of 2/27/25, she used dry shampoo and detangler spray on Resident A's hair, which is why she thinks her hair appeared to be greasy. Ms. Nolan stated that Resident A dressed herself but she made sure she was clean prior to leaving for Day Program. Ms. Nolan denied any knowledge of Resident A wearing or being left in a soiled diaper on 2/27/25 or the day prior. Ms. Nolan added that Resident A isn't supposed to be wearing pullups.

Instead, this reportedly started by staff at Day Program this past December. Ms. Nolan stated that Resident A typically changes herself when her diaper is soiled or she asks for assistance when needed. Ms. Nolan stated that if she were to notice Resident A's pants on backwards, she would assist her. Ms. Nolan shared that per Resident A's assessment plan, both Resident A and staff are responsible for attending to her needs. I reviewed Resident A's assessment plan and confirmed this.

Ms. Nolan stated that prior to Resident A leaving for Day Program on the day in question, she did not check her underwear because she thought Resident A had changed them herself. Ms. Nolan stated that the condition of Resident A's hair is getting better since she started washing her hair in the sink as opposed to the shower. Ms. Nolan stated that staff at Hope Network Day Program previously stated that Resident A was not clean, which led to Resident A's assessment plan being updated to reflect her need for assistance. She also confirmed a chart being made to address Resident A's hygiene needs. It should be noted that Ms. Nolan's mother, Tiffany Nolan was present in the home during this onsite investigation and agreed with the information provided by Liz Nolan. While at the home, Ms. Liz Nolan assisted me to Resident A's bedroom. While in her room, I observed a soiled diaper on the floor with what appeared to be feces. After pointing this out to Ms. Liz Nolan, she immediately picked the diaper up off the floor and disposed of it.

Prior to concluding my onsite interviews, licensee designee, Ben Visel arrived at the home and discussed the allegations. Mr. Visel stated that Resident A's case manager, Ariel Simez previously reached out and informed him that Hope Network Day Program staff were concerned about Resident A's hygiene/appearance. Mr. Visel stated that Resident A is difficult with hygiene needs in the mornings as she refuses to move at times, and only showers in the evenings.

Mr. Visel stated that since Resident A's case manager informed him of Resident A's hygiene concerns, staff has since began washing her hair in the sink as opposed to the shower. Mr. Visel stated that Resident A was showered last night and went to Day Program clean this morning. Mr. Visel stated that live-in manager, Liz Nolan is gentle, patient and kind with Resident A regarding hygiene needs. However, he feels she could be more assertive. Mr. Visel shared that Resident A has a history of refusing showers and stated, "if she refuses, how do we stop her?" Due to Resident A's previous hygiene concerns and Recipient Rights involvement, Mr. Visel stated that a chart was made for Resident A indicating when she was changed and showered. I reviewed this chart made for Resident A, which dated back to December 30<sup>th</sup>, 2024. The chart indicated that Resident A was being showered almost every other day and her clothes were being changed daily. Per the chart, Resident A was showered on 2/26/25 and again on 2/28/25.

Mr. Visel confirmed that Resident A was not ordered to wear pull-ups and that staff at Hope Network Day Program provided her with them. Mr. Visel stated that Resident A does not typically have incontinence issues while home but she does have issues while out in the community/at Day Program. Mr. Visel also added that

Resident A has greasy hair at baseline and it can be difficult to get knots out due to the length of her hair. Mr. Visel stated that Resident A has limited verbal communication skills in addition to not hearing well. Mr. Visel stated that Resident A can answer yes or no questions.

On 3/3/25, I made an unannounced onsite visit to Hope Network Day Program. Upon arrival, staff allowed entry into the facility and informed me that Resident A does not communicate well. I observed Resident A sitting in a chair in a room with peers. Resident A was able to acknowledge me and confirm she was doing well by stating "yes." It should be noted that it was difficult to understand most things Resident A was saying, which was expected based on information provided by Day Program and AFC staff members. However, Resident A was able to confirm that she showered yesterday (3/2/25) with the assistance of staff. Due to not being able to understand Resident A well, this brief interview concluded. It should be noted that Resident A was observed wearing a pink jacket, gray shirt, and tan pants. Aside from what appeared to be some dandruff, Resident A was clean and did not have any odor.

After speaking to Resident A, I spoke to Sarah Haner, life skills coach at Hope Network Day Program. Ms. Haner stated that she works at the Day Program facility Monday through Thursday and interacts with Resident A often. Ms. Haner stated that Resident A often wears the same dirty clothes for multiple days and her hair is often disheveled/messy. Ms. Haner stated that not only are Resident A's clothes often dirty, but they are also too big for her and her shoes are often on the wrong feet. Ms. Haner stated that Resident A's diaper and clothes are often changed at the Day Program when needed. Ms. Haner stated that these concerns have been ongoing for approximately one year and to help address this, staff purchased clothes from a thrift store for Resident A and wash her clothes while she's in the program.

Ms. Haner stated that on or around 2/26/25, Resident A came to Day Program in the same pull-up she was wearing the day prior, which was soiled with urine and feces. Ms. Haner stated that she communicated with recipient rights about this issue a year ago. Ms. Haner stated that Resident A needs hand over hand care and it's not believed that she's receiving it based on her presentation at Day Program. Although Ms. Haner has ongoing concerns regarding Resident A's hygiene/personal care needs being met, she reported that over the last few days, Resident A's presentation has been better, referring to cleanliness. Ms. Haner was thanked for her time as this interview concluded.

On 04/28/25, I conducted an exit conference with licensee designee, Ben Visel. He was informed of the findings and made aware that a corrective action plan is due within 15 days of receipt of this report.

APPLICABLE RULE	
R 400.14305	Resident protection.

	<b>(3) A resident shall be treated with dignity and his or her personal needs, including protection and safety, shall be attended to at all times in accordance with the provisions of the act.</b>
<b>ANALYSIS:</b>	Ms. Liz Nolan and Mr. Visel both acknowledged that Resident A's case manager and Hope Network Day Program staff have expressed concerns regarding her hygiene and presentation dating back to 2024. A shower chart was put in place to track how often her needs were being met. Despite this, Day Program staff report that Resident A has continued to arrive at Day Program in dirty clothes, disheveled hair, and had a soiled diaper. Therefore, there is a preponderance of evidence to support this applicable rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

**ADDITIONAL FINDING:**

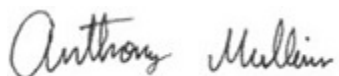
**INVESTIGATION:** While investigating the allegation listed above, I reviewed Resident A's assessment plan. The assessment plan was last signed on 9/10/23 by Resident A's guardian, indicating that the form has not been updated and signed within the last year.

On 04/28/25, I conducted an exit conference with licensee designee, Ben Visel. He was informed of the findings and made aware that a corrective action plan is due within 15 days of receipt of this report.

<b>APPLICABLE RULE</b>	
<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal</b>
	<b>(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.</b>
<b>ANALYSIS:</b>	Resident A's assessment plan was not completed within the past twelve months. Therefore, there is a preponderance of evidence to support this applicable rule.
<b>CONCLUSION:</b>	<b>VIOLATION ESTABLISHED</b>

#### IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no changes to the current license status.



04/28/2025

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Anthony Mullins  
Licensing Consultant

Date

Approved By:



04/28/2025

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Jerry Hendrick  
Area Manager

Date