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 #: 2025A0467028
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.
- Indicate how continuing compliance will be maintained once compliance is achieved.
- Be signed and dated.

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

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

License #:	AM410401224
Investigation #:	2025A0467028
Complaint Receipt Date:	03/06/2025
Investigation Initiation Date:	03/06/2025
Report Due Date:	05/05/2025
Licensee Name:	Visel AFC, Inc.
Licensee Address:	6565 Whitneyville Ave. SE Alto, MI 49302
Licensee Telephone #:	(616) 893-6613
Administrator:	Benjamin Visel
Licensee Designee:	Benjamin Visel
Name of Facility:	Visel Hilltop AFC
Facility Address:	6565 Whitneyville Ave. SE Alto, MI 49302
Facility Telephone #:	(616) 868-7478
Original Issuance Date:	06/25/2020
License Status:	REGULAR
Effective Date:	02/24/2024
Expiration Date:	02/23/2026
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED, MENTALLY ILL, DEVELOPMENTALLY DISABLED, AGED

II. ALLEGATION(S)

	Violation Established?
Resident A has not been seen by her cardiologist or Primary Care Physician (PCP) as needed.	Yes
Resident A's personal care/hygiene needs are not being met.	No
Additional Findings	Yes

III. METHODOLOGY

03/06/2025	Special Investigation Intake 2025A0467028
03/06/2025	APS Referral Received from Kent County APS worker, Emily Graves
03/06/2025	Special Investigation Initiated - Telephone Spoke to Kent County APS worker, Emily Graves
03/10/2025	Inspection Completed On-site
04/28/2025	Exit conference with licensee designee, Ben Visel

ALLEGATION: Resident A has not been seen by her cardiologist or her Primary Care Physician (PCP) as needed.

INVESTIGATION: On 3/6/25, I received a LARA-BCHS online complaint from Kent County Adult Protective Services (APS) worker, Emily Graves. The complaint alleged that home staff have been informed to get Resident A to her PCP to complete a mammogram since 2023, but this has yet to occur. The complaint also alleges that Resident A is supposed to see her cardiologist every six months for check-ups, but she has not been seen since 2021.

On 3/6/25, I spoke to APS worker Emily Graves regarding the matter. Ms. Graves informed me that Resident A's last time being seen by her PCP was 2023 based on the health care appraisal that she received from live-in manager, Liz Nolan. Ms. Graves stated that Ms. Nolan informed her that Resident A's transition from her sister being her guardian to a public guardian caused a lot of difficulty getting appointments approved and scheduled.

On 3/6/25, I made an unannounced onsite investigation to the home. Upon arrival, staff member Liz Nolan answered the door and allowed entry into the home. Ms. Nolan confirmed that Resident A has not seen her PCP since 2023 and her cardiologist since 2021. Ms. Nolan stated that she tried to get Resident A to be seen by her PCP last year (2024). However, this was unsuccessful due to having difficulty

getting ahold of her guardian (Mary Lelko) to receive permission/consent and to complete required paperwork. Ms. Nolan confirmed that Resident A has not completed her mammogram as requested by her PCP. It should be noted that Resident A's health care appraisal (completed on 6/1/23) recommended that she complete a mammogram. As of 3/10/25, this has yet to be done. Ms. Nolan stated that staff did not receive consent/signed paperwork from Resident A's guardian until the end of December 2024 or early January 2025.

Ms. Nolan was asked why Resident A has not been seen by her PCP since obtaining the required consents in December 2024/January 2025. Ms. Nolan stated that she planned to schedule the appointment for Resident A. However, Resident A was admitted to the hospital in February 2025 for an issue that started with influenza A and later progressed to issues with her heart rate dropping. Ms. Nolan stated that Resident A had a pacemaker placed to help with her heart issues and she is currently in Rehab at HealthBridge Post-acute rehabilitation center. Ms. Nolan confirmed that Resident A has not been seen by her cardiologist since 2021. Ms. Nolan shared that she was playing "phone tag" with Resident A's cardiologist and unable to get her scheduled. I informed Ms. Nolan that when Resident A returns from rehab, all necessary medical appointments need to be scheduled and completed for her. Ms. Nolan was receptive to this.

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

APPLICABLE RULE	
R 400.14310	**Resident protection.**
	(1) A licensee, with a resident's cooperation, shall follow the instructions and recommendations of a resident's physician or other health care professional with regard to such items as any of the following: **(a) Medications** **(b) Special diets** **(c) Susceptibility to hyperthermia and hypothermia and related limitations for physical activity, as appropriate.** **(d) Other resident health care needs that can be provided in the home. The refusal to follow the instructions and recommendations shall be recorded in the resident's resident.**
ANALYSIS:	Live-in staff member Liz Nolan confirmed that Resident A has not been seen by her cardiologist since 2021 or her PCP since 2023. Therefore, there is a preponderance of evidence to support this applicable rule.

CONCLUSION:	VIOLATION ESTABLISHED

ALLEGATION: Resident A's personal care/hygiene needs are not being met.

INVESTIGATION: On 3/6/25, I received a LARA-BCHS complaint from Kent County APS worker, Emily Graves. The complaint alleged that Resident A has had a decrease in her personal hygiene since September 2024. Resident A reportedly attends Day Program with "significant body odor, greasy hair, and food on her clothes and face." Resident A reportedly stated that her last time showering was "a few days ago to a week."

On 3/6/25, I spoke to APS worker Emily Graves regarding this matter. Ms. Graves stated that she spoke to licensee designee, Ben Visel and live-in staff, Liz Nolan and their stories were not consistent. Ms. Graves stated that Mr. Visel shared that Resident A wears the same clothing daily and it is hard to get her to change if her clothes are soiled. Ms. Graves stated that Ms. Nolan shared that Resident A washes her clothing daily when she returns from Day Program. Ms. Nolan reportedly believed that Resident A was showering daily as she was asking for shampoo and body wash regularly. Despite this, Ms. Nolan disclosed to Ms. Graves that "things started to fall off" with Resident A's hygiene and she was not sure why. Ms. Nolan shared with Ms. Graves that Resident A required more prompting and reminders. Ms. Nolan shared that a chart was put in place for Resident A due to not showering and appearing dirty.

On 3/6/25, I made an unannounced onsite investigation at the home. Upon arrival, live-in staff Liz Nolan answered the door and allowed entry into the home. Ms. Nolan stated that Resident A usually showers all the time as she often requests body wash and shampoo. Ms. Nolan stated that Resident A completes this task independently and only requires verbal prompts. Ms. Nolan stated that she is not aware of Resident A going to Day Program with greasy hair. Ms. Nolan also denied noticing any body odor from Resident A. Ms. Nolan stated that Resident A washes her clothes daily with the help of a peer. Ms. Nolan stated that if Resident A had food on her face or clothes, it would be from breakfast prior to attending Day Program. Ms. Nolan shared that she would give Resident A reminders to wash her face if she noticed any food on it.

Ms. Nolan shared that there was a recipient rights complaint in the past alleging that Resident A smelled like urine, which led to staff making a chart to document when Resident A showers and changes her clothes. I reviewed the chart and it indicated that Resident A was showering every other day and having her clothes changed daily until she was admitted to the hospital in mid-February 2025. Ms. Nolan denied Resident A's personal needs being neglected and stated that this chart was put in place as a precautionary measure. I reviewed Resident A's assessment plan and it confirmed that Resident A is independent with personal care needs with the

exception of verbal prompts and reminders. It should be noted that Resident A was not observed or interviewed due to being admitted to a post-acute rehab facility.

On 04/08/25, I conducted an exit conference with licensee designee, Ben Visel. He was informed of the investigative findings and denied having any questions.

APPLICABLE RULE	
R 400.14303	**Resident protection.**
	(2) A licensee shall provide supervision, protection, and personal care as defined in the act and as specified in the resident's written assessment plan.
ANALYSIS:	Ms. Nolan denied that Resident A's personal care needs have been neglected. She stated that she would remind Resident A to attend to her personal needs if she noticed any concerns. Despite the discrepancy between Ms. Nolan and Mr. Visel after their conversation with APS, Resident A's assessment plan indicates that she is independent with her care needs. Therefore, there is not a preponderance of evidence to support this applicable rule.
CONCLUSION:	VIOLATION NOT ESTABLISHED

ADDITIONAL FINDINGS:

INVESTIGATION: While investigating the allegations listed above, I reviewed Resident A's resident care agreement. The resident care agreement was last signed by her guardian on 2/9/24. Live-in manager, Liz Nolan provided me with copies of emails that she sent to Resident A's guardian on 12/6/24 & 3/5/25 requesting the form be completed. As of 3/10/25, the form had yet to be completed despite being required annually.

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 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(9) A licensee shall review the written resident care agreement with the resident or the resident's designated

	representative and responsible agency, if applicable, at least annually or more often if necessary.
ANALYSIS:	Resident A's resident care agreement has not been completed within the past twelve months. Therefore, there is a preponderance of evidence to support this applicable rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION: While investigating the allegations listed above, I reviewed Resident A's assessment plan. The assessment plan was last signed by her guardian on 2/9/24. Live-in manager, Liz Nolan provided me with copies of emails that she sent to Resident A's guardian on 12/26/24 & 3/5/24 requesting that the form be completed. As of 3/10/25, the form had yet to be completed despite being required annually.

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 400.14301	**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**
	(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.
ANALYSIS:	Resident A's assessment plan has not been updated within the past twelve months. Therefore, there is a preponderance of evidence to support this applicable rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

INVESTIGATION: While investigating the allegations listed above, I reviewed Resident A's health care appraisal. The health care appraisal was last signed by her PCP on 6/1/23. As of 3/10/25, the form had yet to be updated despite being required annually.

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 400.14301	**Resident protection.**
	(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
ANALYSIS:	Resident A's health care appraisal has not been completed within the past twelve months. Therefore, there is a preponderance of evidence to support this applicable rule.
CONCLUSION:	**VIOLATION ESTABLISHED**

IV. RECOMMENDATION

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

Anthony Mullins 04/28/2025

_____

Anthony Mullins, Licensing Consultant Date

Approved By:

Jerry Hendrick 04/28/2025

_____

Jerry Hendrick, Area Manager Date