



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 25, 2020

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

RE: Application #: AM410401224  
Visel Hilltop AFC  
6565 Whitneyville Ave. SE  
Alto, MI 49302

Dear Mr. Visel:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

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,

A handwritten signature in black ink that reads "Grant Sutton".

Grant Sutton, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(616) 916-4437

enclosure

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

**I. IDENTIFYING INFORMATION**

|   |  |
|---|--|
| <b>License #:</b>                       | AM410401224  |
| <b>Applicant Name:</b>                  | Visel AFC, Inc.  |
| <b>Applicant Address:</b>               | 6565 Whitneyville Ave. SE<br>Alto, MI 49302                                |
| <b>Applicant Telephone #:</b>           | (616) 868-7478   |
| <b>Administrator/Licensee Designee:</b> | Benjamin Visel, Designee<br>Benjamin Visel, Administrator                  |
| <b>Name of Facility:</b>                | Visel Hilltop AFC  |
| <b>Facility Address:</b>                | 6565 Whitneyville Ave. SE<br>Alto, MI 49302                                |
| <b>Facility Telephone #:</b>            | (616) 868-7478   |
| <b>Application Date:</b>                | 08/20/2019   |
| <b>Capacity:</b>                        | 12   |
| <b>Program Type:</b>                    | PHYSICALLY HANDICAPPED<br>DEVELOPMENTALLY DISABLED<br>MENTALLY ILL<br>AGED |

## II. METHODOLOGY

|            |  |
|------------|--|
| 08/20/2019 | Enrollment   |
| 08/20/2019 | Application Incomplete Letter Sent<br>1326/Fingerprint/RI 030 for Ben Visel                                |
| 10/03/2019 | Contact - Document Received<br>1326 for Benjamin Visel   |
| 11/05/2019 | Contact - Document Received<br>RI 030/FCL prints for Benjamin Visel  |
| 11/07/2019 | File Transferred To Field Office<br>Grand Rapids   |
| 11/19/2019 | Inspection Report Requested - Health   |
| 11/19/2019 | Application Incomplete Letter Sent   |
| 11/22/2019 | Contact - Document Received<br>Documents requested   |
| 12/03/2019 | Inspection Completed-Environmental Health: A<br>Received 12/18/2019  |
| 12/10/2019 | Application Complete/On-site Needed  |
| 12/10/2019 | Inspection Completed-BCAL Sub. Compliance<br>Initial inspection  |
| 12/10/2019 | Confirming Letter Sent   |
| 12/13/2019 | Contact - Document Received<br>Documentation of compliance with issues identified in initial<br>inspection |
| 12/13/2020 | Inspection Completed BCAL-Full Compliance  |
| 03/04/2020 | Inspection Completed-Fire Safety: A  |

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The facility is a ranch-style home located on a hill in the semi-rural area of Alto. The main floor consists of 3 resident bedrooms, a dining room for residents, full bathroom for residents, kitchen, and staff living room, dining room, full bathroom, and 3 bedrooms for

the live-in staff. The lower, walk-out level has 2 resident bedrooms, a family room for resident use, full bathroom, activity room, and laundry and utility rooms. The facility is not wheelchair accessible. The facility utilizes private water and septic systems which were inspected and approved by the Kent County Health Department, receiving an “A” rating.

The boiler and hot water heater are located in the lower level with a 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware located at the bottom of stairs in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1-3/4 inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. The facility is equipped with an approved pull station alarm system inspected and approved by the State Fire Marshal.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

| Bedroom #   | Room Dimensions | Total Square Footage | Total Resident Beds |
|-------------|-----------------|----------------------|---------------------|
| Main floor  |                 |                      |                     |
| 1           | 12' x 13'       | 156 sq. ft.          | 2                   |
| 2           | 14' x 10'       | 140 sq. ft.          | 2                   |
| 3           | 15 'x 10'       | 150 sq. ft.          | 2                   |
| Lower level |                 |                      |                     |
| 1           | 24' x 12'       | 288 sq. ft.          | 3                   |
| 2           | 14'6" x 13'6"   | 195 sq. ft.          | 3                   |

The dining and family room areas measure a total of 647 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **12** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

Since the home has been continuously licensed (including prior license{s}) since before 1994, the resident bedrooms with 3 residents will be allowed to continue. The licensee will add verbiage to the Resident Care Agreement for each of the residents in the bedrooms with 3 residents making note of this occupancy so that the guardian/resident may agree to this usage.

The facility was previously licensed as the Swanberg – Hilltop AFC, License #AM410016237.

**B. Program Description**

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to **twelve**

female ambulatory adults whose diagnosis is developmentally disabled or mentally impaired, in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. The applicant intends to accept residents from network 180 and the PACE Program as referral sources.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will assure the availability of transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools and libraries, local museums, shopping centers, and local parks.

### **C. Applicant and Administrator Qualifications**

The applicant is Visel AFC, Inc., which is a "For Profit Corporation", established in Michigan, on 01/26/2005. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Visel AFC, Inc. have submitted documentation appointing Benjamin Visel as Licensee Designee for this facility and Benjamin Visel as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for the licensee designee and the administrator. The licensee designee and administrator submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

The licensee designee and administrator have provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 12-bed facility is adequate and includes a minimum of 1 staff -to- 12 residents per shift. The applicant acknowledges that the staff -to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on "roaming" staff or other staff that are on duty and working at another facility to be considered part of this

facility's staff -to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff -to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, "direct access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website ([www.miltcpartnership.org](http://www.miltcpartnership.org)) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant

acknowledges that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

The applicant acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

#### **D. Rule/Statutory Violations**

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

### **VI. RECOMMENDATION**

I recommend issuance of a six-month temporary license to this adult foster care medium group home (capacity 12).



06/25/2020

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Grant Sutton  
Licensing Consultant

Date

Approved By:



06/25/2020

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Jerry Hendrick  
Area Manager

Date

