



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 1, 2019

Eric Van Acker
Willowbrook Rehab Services Inc.
7200 Challis Road
Brighton, MI 48116

RE: License #: AS470011842
Bellavista House
1947 Bellavista
Howell, MI 48843

Dear Mr. Van Acker:

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 is 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) 284-9720.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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

License #:	AS470011842
Licensee Name:	Willowbrook Rehab Services Inc.
Licensee Address:	7200 Challis Road Brighton, MI 48116
Licensee Telephone #:	(810) 227-0119
Licensee Designee:	Eric Van Acker
Administrator:	Eric Van Acker
Name of Facility:	Bellavista House
Facility Address:	1947 Bellavista Howell, MI 48843
Facility Telephone #:	(810) 227-0119
Original Issuance Date:	04/10/1992
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/30/2019

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

Date of Health Authority Inspection if applicable: 07/22/2019

Inspection Type: ☐ Interview and Observation ☒ Worksheet
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 0

No. of others interviewed 1 Role: Licensee Designee/Admin

- 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.
Residents were not at the facility.
- 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 ☒

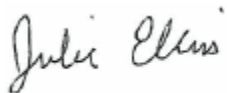
III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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.



10/01/2019

Julie Elkins
Licensing Consultant

Date