



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

August 25, 2022

Joellen Deilus
3721 Indian Trail
China, MI 48054

RE: License #: AM740389877
Visions AFC
868 N Carney Dr
St Clair, MI 48079

Dear Ms. Deilus:

Attached is the Renewal Licensing Study Report for the facility referenced above. Your license is renewed. It is valid only at your present address and is nontransferable. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit a Statement of Correction.

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) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan".

Sabrina McGowan, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(810) 835-1019

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

I. IDENTIFYING INFORMATION

License #: AM740389877

Licensee Name: Joellen Deilus

Licensee Address: 3721 Indian Trail
China, MI 48054

Licensee Telephone #: (586) 381-4218

Licensee/Licensee Designee: Joellen Deilus

Administrator: Joellen Deilus

Name of Facility: Visions AFC

Facility Address: 868 N Carney Dr
St Clair, MI 48079

Facility Telephone #: (586) 381-4218

Original Issuance Date: 02/28/2018

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
MENTALLY ILL
ALZHEIMERS
AGED
TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/18/2022

Date of Bureau of Fire Services Inspection if applicable: 12/14/2021

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: Licensee

- 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.
No IR's to review.
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
08/26/2020-R306(2), R306(3) 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 found to be in non-compliance with the following rules:

R 400.14208

Direct care staff and employee records.

(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:

(e) Verification of experience, education, and training.

Licensee had not obtained verification of education for staff.

A corrective action plan was requested and approved on 08/18/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



August 25, 2022

Sabrina McGowan
Licensing Consultant

Date