



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

December 15, 2022

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

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

Dear Mr. Visel:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violation cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with the rule will be achieved.
- Who is directly responsible for implementing the corrective action for the violation.
- Specific dates for the 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 licensee or licensee designee and a date.

Upon receipt of an acceptable corrective plan, a regular license and special certification will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (616) 356-0183.

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

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

I. IDENTIFYING INFORMATION

License #: AM410401224

Licensee Name: Visel AFC, Inc.

Licensee Address: 6565 Whitneyville Ave. SE
Alto, MI 49302

Licensee Telephone #: (616) 893-6613

Licensee/Licensee Designee: Ben Visel

Administrator: Ben 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

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 12/13/2022

Date of Bureau of Fire Services Inspection if applicable: 3/22/22

Date of Health Authority Inspection if applicable: 8/26/22

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Designee

- 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.
N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s:
9/14/22 - AS305(1) & AS305(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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

Resident A, Resident B, Resident C, and Resident D did not have updated health care appraisals on file during the onsite inspection.

IV. RECOMMENDATION

I completed an onsite exit conference with the owner/designee, Mr. Visel and he agreed to complete a corrective action plan. Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Anthony Mullins

12/15/2022

Anthony Mullins
Licensing Consultant

Date