



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

June 21, 2023

Tina Schrump  
The Chosen Vision  
13279 Audrey Lane  
Grand Ledge, MI 48937

RE: License #: AS190363648  
**The Chosen Vision**  
**1111 Turner Street**  
**DeWitt, MI 48820**

Dear Ms. Schrump:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care small group home license and special certification are renewed. The license and special certification are valid only at your present address and are 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Leslie Herrguth".

Leslie Herrguth, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(517) 256-2181

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS190363648
<b>Licensee Name:</b>	The Chosen Vision
<b>Licensee Address:</b>	13279 Audrey Lane Grand Ledge, MI 48937
<b>Licensee Telephone #:</b>	(517) 410-6541
<b>Licensee Designee:</b>	Tina Schrump
<b>Administrator:</b>	Tina Schrump
<b>Name of Facility:</b>	The Chosen Vision
<b>Facility Address:</b>	1111 Turner Street DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 622-0574
<b>Original Issuance Date:</b>	01/09/2015
<b>Capacity:</b>	6
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED
<b>Certified Programs:</b>	DEVELOPMENTALLY DISABLED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/16/2023

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Environmental/Health Inspection if applicable: Not applicable

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: licensee 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.  
Inspection did not occur at meal time. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

I recommend issuance of a two – year regular adult foster care license and special certification.



06/21/23

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Leslie Herrguth  
Licensing Consultant

Date