



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

February 13, 2024

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 Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license and special certification are 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script that reads "Anthony Mullins".

Anthony Mullins, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

**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:	Benjamin Visel
Administrator:	Benjamin 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): 02/13/2024
Date of Bureau of Fire Services Inspection if applicable: 2/21/23
Date of Health Authority Inspection if applicable: 10/17/23
No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: Designee

- Medication pass / simulated pass observed? Yes No If no, explain.
No meds scheduled to be passed during the renewal inspection.
- 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:
8/24/23 - R 400.14303(2) 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 2-year regular adult foster care license and special certification.

Anthony Mullins

02/12/2024

Anthony Mullins
Licensing Consultant

Date