



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 12, 2026

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:

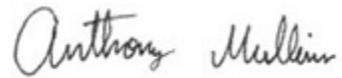
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each 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 or home for the aged authorized representative 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) 356-0100.

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

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM410401224
<b>Licensee Name:</b>	Visel AFC, Inc.
<b>Licensee Address:</b>	6565 Whitneyville Ave. SE Alto, MI 49302
<b>Licensee Telephone #:</b>	(616) 893-6613
<b>Licensee/Licensee Designee:</b>	Benjamin Visel
<b>Administrator:</b>	Benjamin Visel
<b>Name of Facility:</b>	Visel Hilltop AFC
<b>Facility Address:</b>	6565 Whitneyville Ave. SE Alto, MI 49302
<b>Facility Telephone #:</b>	(616) 868-7478
<b>Original Issuance Date:</b>	06/25/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/09/2026

Date of Bureau of Fire Services Inspection if applicable: 01/26/2026 – C Rating  
Temporary until 03/16/2026

Date of Health Authority Inspection if applicable: 10/14/2025 – C Rating  
Temporary until 10/23/2026

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 5  
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:  
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:

**MCL 400.734b**      **Employing or contracting with certain individuals providing direct services to residents; prohibitions; criminal history check; exemptions; written consent and identification; conditional employment; use of criminal history record information; disclosure; determination of existence of national criminal history; failure to conduct criminal history check; automated fingerprint identification system database; electronic web-based system; costs; definitions.**

**(2) Except as otherwise provided in this subsection or subsection (6), an adult foster care facility shall not employ or independently contract with an individual who has direct access to residents until the adult foster care facility or staffing agency has conducted a criminal history check in compliance with this section or has received criminal history record information in compliance with subsections (3) and (11). This subsection and subsection (1) do not apply to an individual who is employed by or under contract to an adult foster care facility before April 1, 2006. On or before April 1, 2011, an individual who is exempt under this subsection and who has not been the subject of a criminal history check conducted in compliance with this section shall provide the department of state police a set of fingerprints and the department of state police shall input those fingerprints into the automated fingerprint identification system database established under subsection (14). An individual who is exempt under this subsection is not limited to working within the adult foster care facility with which he or she is employed by or under independent contract with on April 1, 2006 but may transfer to another adult foster care facility, mental health facility, or covered health facility. If an individual who is exempt under this subsection is subsequently convicted of a crime or offense described under subsection (1)(a) to (g) or found to be the subject of a substantiated finding described under subsection (1)(i) or an order or disposition described under subsection (1)(h), or is found to have been convicted of a relevant crime described under 42 USC 1320a-7(a), he or**

**she is no longer exempt and shall be terminated from employment or denied employment.**

Licensee Designee, Mr. Visel did not have his live-in staff member, Brenda Overstreet listed under the facility in Workforce Background.

**R 400.617**

**Records.**

**(1) A licensee shall maintain the following records:**

**(k) Fire drill records.**

During the 01/26/26 fire inspection, the facility did not have fire drills on file for September 2025 through December 2025. The licensee completed a CAP for the Fire Marshal and provided me with a copy of it on 02/06/26.

**R 400.617**

**Records.**

**(1) A licensee shall maintain the following records:**

**(l) Emergency preparedness plan.**

During the 01/26/26 fire inspection, the facility did not have documentation readily available to confirm that all staff were reviewing the emergency preparedness plan not less than every 2 months. The licensee completed a CAP for the Fire Marshal and provided me with a copy of it on 02/06/2026.

**R 400.645**

**Environmental health.**

**(4) Sewage must be disposed of in a public sewer system. In the absence of a public sewer system, sewage must be managed and discharged of in a manner of on-site wastewater treatment that is approved by department of environment, Great Lakes, and energy in compliance with part 31 of the natural resources and environmental protection act, 1994 PA 451, MCL 324.3101 to 324.3134, or where applicable, the local health department.**

During the 10/14/2025 environmental health inspection, it was determined that the drainage area for the septic system is "in a state of failure" and "it is required to apply for a replacement septic permit before the next inspection."

**R 400.675**

**Resident medications.**

**(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident:**

**(b) Complete an individual medication log that contains all of the following:**

**(i) Medication name.**

**(ii) Dosage.**

**(iii) Label instructions for use.**

**(iv) Time to be administered.**

**(v) Initials of the individual who administered the medication at the time given.**

**(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.**

On 02/04/26, Resident A and Resident B's MARs were not initialed by staff to confirm that their 8:00am medications were passed.

**R 400.685**

**Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

**(10) A resident or resident's designated representative shall provide a written health care appraisal or a medical discharge summary by an appropriate health care professional that is completed within the 90-day period before admission. A written health care appraisal must be completed at least annually thereafter. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be completed no later than 30 days after admission.**

Resident C's health care appraisal on file was last completed on 10/24/24 and needs to be updated.

**R 400.691**

**Resident records.**

**(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:**

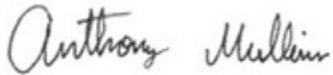
**(g) Admission and monthly weight record.**

Resident D did not have recorded weights on file from March 2024 through March 2025.

On 02/09/2026, I conducted an onsite exit conference with licensee designee, Ben Visel. He was informed of the findings of the renewal inspection and agreed to complete a corrective action plan within 15 days of receipt of this report.

#### **IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, renewal of the license and special certification is recommended.



02/12/2026

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Anthony Mullins  
Licensing Consultant

Date