



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 12, 2026

Michael Gillfillan
963 E Shore Dr
Battle Creek, MI 49017

RE: License #: AM130007969
Vets Manor
41 Fremont St
Battle Creek, MI 49017

Dear Mr. Gillfillan:

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 medium group home license are renewed. The license 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) 356-0100.

Sincerely,

Kevin L. Sellers

Kevin Sellers, Licensing Consultant
Department of Licensing and Regulatory Affairs
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(517) 230-3704
SellersK1@michigan.gov

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

I. IDENTIFYING INFORMATION

License#: AM130007969

Licensee Name: Michael Gillfillan

Licensee Address: 963 E Shore Dr
Battle Creek, MI 49017

Licensee Telephone #: (269) 721-3722

Licensee Designee: Michael Gillfillan & Patricia Massimino

Administrator: Christopher Gillfillan

Name of Facility: Vets Manor

Facility Address: 41 Fremont St
Battle Creek, MI 49017

Facility Telephone #: (269) 966-9505

Original Issuance Date: 08/05/1986

Capacity: 12

Program Type: MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/11/2026
Date of Bureau of Fire Services Inspection if applicable: 02/25/2025
Date of Health Authority Inspection if applicable: N/A
No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 10
No. of others interviewed 3 Role: Co-Licensees & Administrator

- 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.
- 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 2 year regular adult foster care license.

Kevin L Sellers

3/12/26

Kevin Sellers
Licensing Consultant

Date