



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 27, 2021

Jenee Asper  
Orchard Creek Health Care, Inc.  
9723 E. Cherry Bend Rd.  
Traverse City, MI 49684

RE: License #: AL450285538  
**Orchard Creek Supportive Care**  
**9739 E. Cherry Bend Road**  
**Traverse City, MI 49684**

Dear Ms. Asper:

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 is renewed. It is valid only at your present address and is nontransferable. violations cited in the report require the submission of a written corrective action plan.

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 purple ink that reads "Rhonda Richards".

Rhonda Richards, Licensing Consultant  
Bureau of Community and Health Systems  
Suite 11  
701 S. Elmwood  
Traverse City, MI 49684  
(231) 342-4942

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL450285538
<b>Licensee Name:</b>	Orchard Creek Health Care, Inc.
<b>Licensee Address:</b>	9723 E. Cherry Bend Rd. Traverse City, MI 49684
<b>Licensee Telephone #:</b>	231-932-9020
<b>Licensee Designee:</b>	Jenee Asper
<b>Administrator:</b>	Jenee Asper
<b>Name of Facility:</b>	Orchard Creek Supportive Care
<b>Facility Address:</b>	9739 E. Cherry Bend Road Traverse City, MI 49684
<b>Facility Telephone #:</b>	(231) 932-9020
<b>Original Issuance Date:</b>	05/01/2007
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/27/2021

Date of Bureau of Fire Services Inspection if applicable: 06/02/2021

Date of Health Authority Inspection if applicable: 07/09/2021

Inspection Type: ☒ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 10  
No. of others interviewed 0 Role: [REDACTED]

- 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 regular license to this AFC adult large group home (capacity 13-20).



10/27/2021

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Rhonda Richards  
Licensing Consultant

Date