



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

September 11, 2024

Elizabeth Christians
Orchard Hill Enterprises Inc.
3019 Keith Road
Brethren, MI 49619

RE: License #: AM530268996
Whippoorwill Knoll
1140 W. US 10
Scottville, MI 49454

Dear Elizabeth Christians:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance. Email a photo of the ramps once completed.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license and special certification is 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 blue ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #: AM530268996

Licensee Name: Orchard Hill Enterprises Inc.

Licensee Address: 3019 Keith Road
Brethren, MI 49619

Licensee Telephone #: (231) 462-3496

Licensee Designee: Elizabeth Christians

Administrator: Elizabeth Christians

Name of Facility: Whippoorwill Knoll

Facility Address: 1140 W. US 10
Scottville, MI 49454

Facility Telephone #: (231) 757-9401

Original Issuance Date: 03/23/2010

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2024, 09/10/2024

Date of Bureau of Fire Services Inspection if applicable: 02/20/2024

Date of Health Authority Inspection if applicable: 05/28/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

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

This facility was found to be in non-compliance with the following rules:

R 400.14509

Means of egress; wheelchairs.

(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.

The facility is providing AFC care to one resident who regularly requires the use of a wheelchair. The facility does not have two approved means of egress with ramps to accommodate this resident.

On September 9, 2024, I provided an exit conference with Licensee Designee Elizabeth Christians. I explained my finding as noted above. Ms. Christians stated she understood and that she has already discussed installing appropriate ramps in/to the facility with a building contractor. She noted she will either have two approved ramps installed within the next 30 days or will issue a discharge notice to the one resident who requires the use of a wheelchair. Ms. Christians had no further questions concerning this renewal inspection.

A corrective action plan was requested and approved on 09/10/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



September 11, 2024

Bruce A. Messer
Licensing Consultant

Date