



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

January 17, 2025

Erin Gust
Dignitas Inc
P.O. Box 3460
Farmington Hills, MI 48333-3460

RE: License #: AS630261979
Orchard Lake House
24505 Orchard Lake Rd
Farmington Hills, MI 48334

Dear Ms. Gust:

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 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 (248) 975-5053.

Sincerely,

A handwritten signature in dark ink, reading "Sara E. Shaughnessy". The signature is fluid and cursive, with the first name "Sara" and last name "Shaughnessy" being more prominent than the middle initial "E".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License #:	AS630261979
Licensee Name:	Dignitas Inc
Licensee Address:	Suite 112 24380 Orchard Lake Road Farmington Hills, MI 48336-3460
Licensee Telephone #:	(248) 442-1170
Licensee/Licensee Designee:	Erin Gust
Administrator:	Erin Gust
Name of Facility:	Orchard Lake House
Facility Address:	24505 Orchard Lake Rd Farmington Hills, MI 48334
Facility Telephone #:	(248) 442-1170
Original Issuance Date:	06/24/2004
Capacity:	6
Program Type:	TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/07/2025

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 2

No. of others interviewed 1 Role: 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.
On-site inspection did not take place during a mealtime, adequate food was observed.
- 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: 02/01/2023; MCL 400.7346, R 400.14203, R 400.14301, R 400.14403 N/A ☐
- Number of excluded employees followed-up? 1 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 400.14312	Resident medications.
	(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.
During the on-site inspection, resident medications were observed in an unlocked cupboard in the hallway of the facility.	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (b) Complete an individual medication log that contains all of the following information: (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.
<p>Resident A has prescriptions for a lidocaine 4% patch, to be administered twice daily for pain, and clotrimazole 1% cream, to be applied twice daily. The medication administration record (MAR) did not contain initials indicating administration for either of these medications in the PM on 11/07/2024.</p> <p>Resident B has a prescription for mupirocin ointment, to be applied three times daily. The medication administration record did not contain initials indicating administration of the PM dosage on 01/03/2025, 01/04/2025, and 01/06/2025.</p>	
R 400.14312	Resident medications.
	(7) Prescription medication that is no longer required by a resident shall be properly disposed of after consultation with a physician or a pharmacist.

Medications were observed in an unlocked cupboard in the hallway, it was explained they belonged to a resident who is now deceased.	
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.
There was a fire drill missing during sleeping hours in the first quarter of 2023 and a daytime fire drill is missing in the third quarter of 2024.	
R 400.14312	Resident medications.
	(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions: (e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. A licensee shall record, in writing, any instructions regarding a resident's prescription medication.
Resident A was prescribed meloxicam tab 15mg, 1 tablet by mouth, once daily, as needed for pain on 01/04/2025. This medication was not in the facility. Resident was prescribed tramadol HCL tab 51mg, take two tablets by mouth, every six hours as needed for moderate pain, on 03/17/2024. This medication was not in the facility, and it was explained it was never delivered. Both medications are currently listed on the Resident A's MAR with no note of them being discontinued.	

IV. RECOMMENDATION

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

A handwritten signature in cursive script, reading "Sara E. Shaughnessy".

Sara Shaughnessy
Licensing Consultant

Date