



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 20, 2025

Jordan Shepler  
Shepler's Senior Connection  
11530 E 16 Rd  
Manton, MI 49663

RE: License #: AM830413193  
**Ohana AFC**  
**11530 E. 16 Rd**  
**Manton, MI 49663**

Dear Jordan Shepler:

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 per the instructions in the corrective action plan acceptance letter which was sent to you on February 20, 2025.

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AM830413193

**Licensee Name:** Shepler's Senior Connection

**Licensee Address:** 11530 E 16 Rd  
Manton, MI 49663

**Licensee Telephone #:** (231) 878-3686

**Licensee Designee:** Jordan Shepler

**Administrator:** Jordan Shepler

**Name of Facility:** Ohana AFC

**Facility Address:** 11530 E. 16 Rd  
Manton, MI 49663

**Facility Telephone #:** (231) 878-3686

**Original Issuance Date:** 09/20/2022

**Capacity:** 12

**Program Type:** PHYSICALLY HANDICAPPED  
DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 02/19/2025  
Date of Bureau of Fire Services Inspection if applicable: 11/13/2024  
Date of Health Authority Inspection if applicable: 11/19/2024  
No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 8  
No. of others interviewed 1 Role: ORR

- 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 400.14301**

**Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

At the time of the on-site inspection, it was noted that the Licensee failed to obtain a written health care appraisal for Resident LJ at the time of this residents' non-emergency admission on October 1, 2024. The written health care appraisal was conducted and obtained by the licensee on October 29, 2024.

On February 19, 2025, I conducted an exit conference with Licensee Designee Jordan Shepler. I explained my finding as noted above. Mr. Shepler stated he understood the finding and he had no further information to provide, nor any questions to ask, concerning this renewal inspection. Mr. Shepler provided a written corrective action plan addressing the above cited rule.

A corrective action plan was requested and approved on 02/19/2025. 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.



February 20, 2025

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Bruce A. Messer  
Licensing Consultant

Date

