



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

March 30, 2026

Erin Gust  
Dignitas, Incorporated  
PO Box 3460  
Farmington Hills, MI 48333

RE: License #: AS630349201  
**Dignitas Inc./Orchard Lake House 3**  
**24467 Orchard Lake Road**  
**Farmington Hills, MI 48336**

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 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) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sara E. Shaughnessy". The signature is written in a dark ink and is positioned below the word "Sincerely,".

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

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

**I. IDENTIFYING INFORMATION**

**License #:** AS630349201

**Licensee Name:** Dignitas, Incorporated

**Licensee Address:** 24505 Orchard Lake Road  
Farmington Hills, MI 48336

**Licensee Telephone #:** (586) 201-7873

**Licensee/Licensee Designee:** Erin Gust

**Administrator:**

**Name of Facility:** Dignitas Inc./Orchard Lake House 3

**Facility Address:** 24467 Orchard Lake Road  
Farmington Hills, MI 48336

**Facility Telephone #:** (248) 442-1170

**Original Issuance Date:** 03/06/2015

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
TRAUMATICALLY BRAIN INJURED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2026

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 3

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.  
The onsite inspection did not take place during a mealtime. There was an adequate amount of nutritious foods 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:  
05/22/2024; 400.734b, 400.14210, 400.14301, 400.1432, 400.14316, 400.14401,  
400.14505 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:

<b>R 400.645</b>	<b>Environmental health.</b>
	<b>(3) A licensee shall provide hot and cold running water under pressure. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the fixture.</b>
<p>The water temperature in Resident A's bathroom was measured at 130.1 degrees.</p> <p><b>REPEAT VIOLATION ESTABLISHED. LSR 05/07/2024; CAP 05/22/2024.</b></p>	
<b>R 400.673</b>	<b>Use of assistive devices, therapeutic support.</b>
	<b>(2) An assistive device or therapeutic support must be authorized in writing by an appropriately licensed health care professional and the authorization must state the reason for and the term of the authorization.</b>
<p>Resident A has a wheelchair, there is no authorization for the wheelchair in his file.</p>	
<b>R 400.691</b>	<b>Resident records.</b>
	<b>(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following:</b> <b>(i) Resident funds and valuables record and resident refund agreement.</b>
<p>The Resident Funds II documents for Resident A and Resident B were missing signatures.</p>	
<b>R 400.729</b>	<b>Heating equipment.</b>
	<b>(2) A furnace, water heater, heating appliances, pipes, wood-burning stoves and furnaces, and other flame- or heat-producing equipment must be installed in a fixed or permanent manner and in accordance with a manufacturer's instructions and maintained in a safe condition. Clothes dryers must be properly vented to the outside using permanent metal duct work.</b>

	The clothes dryer does not have the approved duct work installed.
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**IV. RECOMMENDATION**

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



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Sara Shaughnessy  
Licensing Consultant

03/30/2026 \_\_\_\_\_  
Date