GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 28, 2026

Changming Wang
Orchard Hills Living INC
2139 Georgetown Blvd
Ann Arbor, MI 48105

RE: Application #: AS810420413
Orchard Hills Living
2139 Georgetown Blvd
Ann Arbor, MI 48105

Dear Mr. Wang:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please contact the local office at (313) 456-0380.

Sincerely,

Jeffrey J. Bozsik, Licensing Consultant
Bureau of Community and Health Systems
(734) 417-4277

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS810420413
Licensee Name:	Orchard Hills Living INC
Licensee Address:	2139 Georgetown Blvd Ann Arbor, MI 48105
Licensee Telephone #:	(248) 404-7950
Administrator/Licensee Designee:	Changming Wang
Name of Facility:	Orchard Hills Living
Facility Address:	2139 Georgetown Blvd Ann Arbor, MI 48105
Facility Telephone #:	(248) 404-7950
Application Date:	03/13/2026
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODOLOGY

03/13/2026	On-Line Enrollment
03/17/2026	PSOR on Address Completed
03/17/2026	Contact - Document Sent
03/31/2026	Contact - Document Received 1326/RI030
04/07/2026	Application Incomplete Letter Sent
05/12/2026	Inspection Completed On-site
05/27/2026	Application Complete/On-site Needed
05/27/2026	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Facility Location and Neighborhood Overview:
The facility is currently licensed as Orchard Hills LLC and is being newly licensed as a corporation. It is located in a residential neighborhood in Ann Arbor, MI. close to shopping and the UM medical center and north campus. Parking is in front of the house. Due to the facility's location, it utilizes both public water and sewage system.

Ownership and Inspection Authorization Section:
The property is owned by the licensee's spouse, Quinfang Chen, as Comfortable Manor LLC, who then leases the property to the licensee's corporation, Orchard Hills Living, Inc along with permission for facility to operate as an Adult Foster Care facility on the property and for Licensing and Regulatory Affairs to inspect the property.

Description of Facility, Layout, and Interior/Exterior Arrangement:
The facility is a ranch home. Identify the primary and secondary means of egress. The facility does have one wheelchair ramp and the secondary means of egress is at grade at two approved means of egress from the first floor; therefore, the facility is accessible and can accept residents who require the regular use of a wheelchair. The facility's

doorways to the living, dining, bathroom, and resident bedrooms have a width to allow for residents requiring wheelchairs or other devices to easily navigate through them and access these spaces.

The main floor consists of 4 bedrooms, 2 full bathrooms, a kitchen, dining area, living room and a front sitting room.

The gas furnace and hot water heater are located in the facility's basement. A 1-3/4 inch solid core door equipped with an automatic self-closing device and positive latching hardware is located at the top of the stairs to create floor separation. The facility's washer and electric clothes dryer are located on the main floor and the dryer is vented to the outside using permanent metal duct work.

The furnace and electrical system were inspected by licensed contractor and both were determined to be in good condition and functioning properly. At least one 5-pound multi-purpose fire extinguisher or equivalent is located on each occupied floor and in the basement.

Acknowledgement of Portable Heating Units:
The applicant acknowledges that all portable heating units used must be in compliance with R 400.729(4), which includes being Underwriters Laboratory (UL) listed and equipped with a tip over sensor, and temperature overheat sensor. The applicant acknowledges portable heating units must not be plugged into extension cords or power strips and must be used in accordance with manufacturer's recommendation and guidelines. Documentation showing compliance with these requirements must be maintained at the facility and available for inspection. The applicant acknowledges when determining if use and placement of a portable heating unit is appropriate, the resident population served and ensuring their safety must be taken into account.

If hardwired smoke detectors are utilized:
The facility is equipped with interconnected, hardwired smoke detection system, with battery backup, which was inspected on 4/15/2026 by a licensed electrician and determined to be fully operational and in good condition. Smoke detectors are located in all sleeping areas, on each occupied floor, basement, living rooms, dens, dayrooms, and similar spaced along with all areas that contain flame or heat producing equipment.

The facility's backyard is surrounded by a chain link fence; however, the applicant acknowledged an understanding the gates must not be locking against egress.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	12'4"x7'9"	96	1
2	14'4"x11'9"	168	2
3	11'4"x9'	102	1

4	10’9”x12’6”	134	2

The living, dining, and sitting room areas measure a total of 378 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six** (6) residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, emergency preparedness plans, standard procedures, and a visitation policy that addresses overnight visitors were reviewed and accepted as written.

The applicant intends to provide 24-hour supervision, protection and personal care to **six** (**6**) both male and female ambulatory and/or non-ambulatory adults whose diagnosis is developmentally disabled, mentally impaired, aged, traumatic brain injury, physically handicapped in the least restrictive environment possible.

The program will promote independence and social interaction by assisting residents with cooking and cleaning skills, self-care, public safety skills, life skills training support, personal hygiene, and personal adjustment skills. The licensee will promote group activities and outings, house meetings, and provide companionship and emotional support to combat isolation and depression. The applicant’s program will also provide individualized support adapted to each resident’s cognitive and emotional needs, coordination with providers and outside agencies, structured daily routines that provide stability while encouraging skill building, behavioral support planning, and facilitation of community integration based on individual abilities and goals.

If required, behavioral intervention and crisis intervention programs and personal behavior support plans will be developed and identified in the assessment plan for each resident’s social, behavioral, and developmental needs and designed and implemented specific to each resident. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The applicant intends to accept residents from the Veteran’s Administration, programs or agencies working with the aged populations such as Senior Care Partners, and private pay individuals as referral sources.

The applicant will ensure the availability of transportation services as agreed upon in the Resident Care Agreement but shall ensure immediate emergency transportation through use of a recognized available community service or vehicle that is owned by the licensee, administrator, or direct care staff on duty.

The applicant will make provisions for a variety of leisure and recreational equipment. It is the intent of the applicant to utilize local community resources including libraries, local museums, shopping centers, and local parks for additional entertainment and leisure activities.

C. Applicant and Administrator Qualifications

The applicant is Orchard Hills, Inc., which is a “For Profit Corporation” was established in Michigan, on 04/21/2025. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The Board of Directors of Orchard Hills, Inc. have submitted documentation appointing Changming Wang as Licensee Designee for this facility as the Administrator of the facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Changming Wang. The licensee designee submitted a medical clearance with a statement from a physician documenting the licensee designee’s good health.

The applicant has several years of experience as an adult foster care licensee, with direct care experience serving individuals with mental illness and developmentally disabilities. The applicant has provided assistance with activities of daily living, including personal care, medication administration, meal preparation, mobility assistance and behavioral support. The applicant also possesses management experience involving staff supervision, compliance with licensing requirements, and oversight of resident care and documentation.

The staffing pattern for the original license of this 6 bed facility is adequate and includes a minimum of 1 staff –to- 6 residents per shift. The applicant acknowledges that the staff –to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will not be awake during sleeping hours.

The applicant acknowledged that at no time will this facility rely on “roaming” staff or other staff that are on duty and working at another facility to be considered part of this facility’s staff to resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

The applicant acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct

access" to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to be maintained in each employee's record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee, can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, the applicant acknowledges their responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

The applicant acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

The applicant acknowledges their responsibility to obtain the required written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

The applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant acknowledges recording each resident's funds and itemized transactions including payment for services. The applicant acknowledges this document will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those

rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure.

VI. RECOMMENDATION

I recommend issuing a six-month temporary license to this adult foster care small group home (capacity 3 - 6).

Jeffrey J. Bozsik
Licensing Consultant
Date: 5/27/2026

Approved By:

Ardra Hunter
Area Manager
Date: 5/28/2026