



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 1, 2026

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

RE: License #: AS630315897
Dignitas, Inc/Orchard Lake House 2
24485 Orchard Lake Road
Farmington Hills, MI 48336

Dear Ms. Gust:

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 a Statement of Correction.

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, reading "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License #:	AS630315897
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:	Dignitas, Inc/Orchard Lake House 2
Facility Address:	24485 Orchard Lake Road Farmington Hills, MI 48336
Facility Telephone #:	(248) 442-1170
Original Issuance Date:	04/05/2012
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/29/2026

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 1

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: Administration

- 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. An adequate amount of 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: 10/09/2024; 400.14301, 400.14312, 400.14401 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 400.637	Handling of resident funds and valuables.
	(4) A licensee shall record in the resident record a resident funds and itemized transactions including payment for services provided for each resident.
Neither Resident A, nor Resident B, had any required signatures on their Funds Part II.	
R 400.645	Environmental health.
	(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.
The bathroom temperature in Resident C's bathroom measured at 127.8 degrees Fahrenheit.	
R 400.645	Environmental health.
	(8) A habitable room must have direct outside ventilation by means of windows, louvers, air-conditioning, or mechanical ventilation. From April to November, each door, openable window, or other opening to the outside that is used for ventilation purposes must be supplied with a standard screen of not less than 16 mesh.
There was no screen in the window in Resident D's bedroom.	
R 400.675	Resident medications.
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: (b) Complete an individual medication log that contains all of the following: (i) Medication name. (ii) Dosage. (iii) Label instructions for use.

	(iv) Time to be administered. (v) Initials of the individual who administered the medication at the time given. (vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.
Resident A has a prescription for famotidine tab 20mg, take 1 tablet by mouth twice daily. This was not initialed as having been administered for the evening dose on 09/13/2026. Resident A had a prescription for metronidazole tab 500 mg, take one tablet by mouth twice daily for seven days. This was not initialed as having been administered on 09/13/2026 for the evening dose. Resident A has a prescription for trazodone tab 50mg, take one tablet by mouth daily at bedtime. This was not initialed as having been administered on 09/13/2026.	

A corrective action plan was requested and approved on 10/01/2026. 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.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.



10/01/2026

Sara Shaughnessy
Licensing Consultant

Date