



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 9, 2021

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

RE: License #: AM830393244
Ohana AFC II
11530 E 16 Rd
Manton, MI 49663

Dear Ms. Shepler:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your license 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 red ink that reads "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AM830393244
Licensee Name:	Shepler's Senior Connection
Licensee Address:	11530 E 16 Rd Manton, MI 49663
Licensee Telephone #:	(231) 920-1621
Licensee/Licensee Designee:	Candice Shepler
Administrator:	Candice Shepler
Name of Facility:	Ohana AFC II
Facility Address:	11530 E 16 Rd Manton, MI 49663
Facility Telephone #:	(231) 920-1621
Original Issuance Date:	12/03/2018
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/04/2021

Date of Bureau of Fire Services Inspection if applicable: 02/11/2021

Date of Health Authority Inspection if applicable: 05/28/2021

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed [redacted]
No. of others interviewed [redacted] Role: [redacted]

- 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

The facility is in compliance with all applicable rules and statutes.

On June 9, 2021, I provided Licensee Designee Candice Shepler with an exit conference. I explained my finding as noted above. Ms. Shepler indicated she understood and had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

 June 9, 2021

Bruce A. Messer
Licensing Consultant

Date