



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

December 3, 2021

Angella Hamm  
Orchard AFC Home  
43 Batavia Street  
River Rouge, MI 48218

RE: License #: AS820360626  
**Orchard AFC Home**  
**73 Orchard**  
**Ecorse, MI 48229**

Dear Ms. Hamm:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (313) 456-0380.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Denasha Walker'.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820360626
<b>Licensee Name:</b>	Orchard AFC Home
<b>Licensee Address:</b>	73 Orchard Ecorse, MI 48229
<b>Licensee Telephone #:</b>	(734) 512-6294
<b>Licensee/Licensee Designee:</b>	Angella Hamm
<b>Administrator:</b>	Angella Hamm
<b>Name of Facility:</b>	Orchard AFC Home
<b>Facility Address:</b>	73 Orchard Ecorse, MI 48229
<b>Facility Telephone #:</b>	(313) 722-4530
<b>Original Issuance Date:</b>	06/08/2015
<b>Capacity:</b>	4
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 11/23/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination ☐ Full Fire Safety

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Angela Hamm

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.  
A full worksheet inspection was completed.
- 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.  
Meal preparation/ service was not observed; he residents were eating fast food.
- 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:  
CAP Dated 11/29/2021 R 400.14301 (9), R 400.14312 (4)(b), R 400.14407 (3), R 400.14408 (4). 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 400.14208                      Direct care staff and employee records.**

**(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:**

**(e) Verification of experience, education, and training.**

At the time of inspection, I reviewed employee files for Michael Parks and Domonic Rhoden, both of which contained training transcripts with inconsistent training dates.

Michael Parks' transcript documents that he completed direct care training through Hazy Institute of Learning 9/21/2009-9/29/2009. Mr. Parks' date of birth is 4/26/2001, which would mean he was eight years old when he completed training. I attempted to contact Hazy Institute of Learning, but the number listed on Google is no longer in service.

Domonic Rhoden's transcript documents he completed training 8/07/2017-9/27/2017 through Michigan Autism Academy Staff and Occupational Training Center (MAASOAT). Mr. Rhoden's date of birth is 7/11/2001, which would mean he was sixteen years old when he completed training. I contacted MAASOAT and confirmed the training certificate is in fact falsified.

I conducted an exit conference with Angela Hamm, licensee designee regarding the findings. The training transcripts Michael Parks and Domonic Rhoden provided contain inconsistencies as it pertains to the dates the trainings were provided. In fact, I confirmed Mr. Rhoden's training transcript is falsified. Technical assistance was provided as it pertains to Ms. Hamm, I addressed the obvious physical alterations including the various fonts, formatting and/or margins not aligned, and the quick response (QR) code was not valid and does not match any documents. I explained to Ms. Hamm that it's her responsibility to ensure all provided documents are authentic. Ms. Hamm said she understands her responsibilities as the licensee designee and as a result she's retraining all of her direct care staff.

### IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



12/03/2021

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Denasha Walker  
Licensing Consultant

Date