



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 21, 2022

Changming Wang  
Orchard Hills Living LLC  
1768 Fireside Drive  
Troy, MI 48098

RE: License #: AS810402575  
**Orchard Hills Living LLC**  
**2139 Georgetown Blvd**  
**Ann Arbor, MI 48105**

Dear Mr. Wang:

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. If 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 blue ink that reads "Jeffrey J. Bozsik".

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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS810402575
<b>Licensee Name:</b>	Orchard Hills Living LLC
<b>Licensee Address:</b>	1768 Fireside Drive Troy, MI 48098
<b>Licensee Telephone #:</b>	(248) 404-7950
<b>Licensee/Licensee Designee:</b>	Changming Wang, Designee
<b>Administrator:</b>	
<b>Name of Facility:</b>	Orchard Hills Living LLC
<b>Facility Address:</b>	2139 Georgetown Blvd Ann Arbor, MI 48105
<b>Facility Telephone #:</b>	(248) 404-7950
<b>Original Issuance Date:</b>	01/27/2020
<b>Capacity:</b>	6
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/21/2022

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

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

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

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**

This facility was determined to be in substantial compliance with rules and requirements.

### **IV. RECOMMENDATION**

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



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Jeffrey J. Bozsik  
Licensing Consultant

Date: 7/21/2022