



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 26, 2022

Santa Dickendeshler  
R & R AFC Home, Inc.  
105 S. Jackson Street  
Sandusky, MI 48471

RE: License #: AM760410240  
**R & R AFC Home Inc**  
**105 S Jackson St**  
**Sandusky, MI 48471**

Dear Ms. Dickendeshler:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care medium group home license are renewed. The temporary license 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 (517) 284-9730.

Sincerely,

A handwritten signature in blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM760410240
<b>Licensee Name:</b>	R & R AFC Home, Inc.
<b>Licensee Address:</b>	105 S. Jackson Street Sandusky, MI 48471
<b>Licensee Telephone #:</b>	(810) 648-3326
<b>Licensee Designee:</b>	Santa Dickendesher
<b>Administrator:</b>	Rosario Ordish
<b>Name of Facility:</b>	R & R AFC Home Inc
<b>Facility Address:</b>	105 S Jackson St Sandusky, MI 48471
<b>Facility Telephone #:</b>	(810) 648-3326
<b>Original Issuance Date:</b>	04/06/2022
<b>Capacity:</b>	12
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL ALZHEIMERS AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/18/2022

Date of Bureau of Fire Services Inspection if applicable: 10/07/2022

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 10  
No. of others interviewed 0 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.  
Lunch was going to be served after the inspection was complete.
- 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 medium group home (capacity 1-12).

*Kathryn Huber*

10/26/2022

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Kathryn A. Huber  
Licensing Consultant

Date