



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 23, 2023

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

RE: License #: AM830413193
Ohana AFC
11530 E. 16 Rd
Manton, MI 49663

Dear Mr. 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 and special certification 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 blue 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 #: AM830413193

Licensee Name: Shepler's Senior Connection

Licensee Address: 11530 E 16 Rd
Manton, MI 49663

Licensee Telephone #: (231) 920-1621

Licensee Designee: Jordan Shepler

Administrator: Jordan Shepler

Name of Facility: Ohana AFC

Facility Address: 11530 E. 16 Rd
Manton, MI 49663

Facility Telephone #: (231) 920-2121

Original Issuance Date: 09/20/2022

Capacity: 12

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/22/2023

Date of Bureau of Fire Services Inspection if applicable: 01/03/2023

Date of Health Authority Inspection if applicable: 10/04/2021

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 8

No. of others interviewed 1 Role: ORR

- 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? 1 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 February 22, 2023, I conducted an exit conference with Licensee Designee Jordan Shepler. I informed Mr. Shepler of my findings as noted above. Mr. Shepler stated he understood, that he had no further information to provide concerning this renewal inspection, and that he had no further questions pertaining to this renewal inspection.

IV. RECOMMENDATION

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

 February 23, 2023

Bruce A. Messer
Licensing Consultant

Date