

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

May 11, 2023

Jordan 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 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 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,

Brene O Masier

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 Designee:	Jordan Shepler
Administrator:	Jordan 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):	05/11/2023	
Date of Bureau of Fire Services Inspection if applicable: 01/03/2023		
Date of Health Authority Inspection if applicable:	02/21/2023	
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:	2 6	
• Medication pass / simulated pass observed? Yes \boxtimes No \square 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 In the N/A If no, explain. Water temperatures checked? Yes No I If no, explain. 		
• Incident report follow-up? Yes $igtimes$ No $igcap$ If	f no, explain.	
 Corrective action plan compliance verified? Yes CAP date/s and rule/s:		
 Number of excluded employees followed-up 	o? 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 May 11, 2023, I conducted an exit conference with Licensee Designee Jordan Shepler. I explained my findings as noted above. Mr. Shepler stated he understood and had no further comments, or questions, concerning this renewal inspection.

IV. RECOMMENDATION

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

Brene Of Jasien May 11, 2023

Bruce A. Messer Licensing Consultant Date