



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

July 20, 2023

Santa Dickendesher
Ordish AFC Home Inc
1975 E Sanilac
Carsonville, MI 48419

RE: License #: AM760308076
Ordish AFC Home Inc
138 Lexington St
Sandusky, MI 48471

Dear Ms. Dickendesher:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Upon receipt of approval from the Sanilac County Sanitarian, your license will be renewed.

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

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|--------------------------------|--|
| License #: | AM760308076 |
| Licensee Name: | Ordish AFC Home Inc |
| Licensee Address: | 138 Lexington St Sandusky, MI 48471 |
| Licensee Telephone #: | (810) 648-2648 |
| Licensee Designee: | Santa Dickendesher |
| Administrator: | Santa Dickendesher |
| Name of Facility: | Ordish AFC Home Inc |
| Facility Address: | 138 Lexington St Sandusky, MI 48471 |
| Facility Telephone #: | (810) 648-2648 |
| Original Issuance Date: | 01/28/2011 |
| Capacity: | 12 |
| Program Type: | PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED |
| | |
| | |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/28/2023

Date of Bureau of Fire Services Inspection if applicable: 11/22/2022

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 3
No. of residents interviewed and/or observed 12
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: SI2023A0871035, dated 04/17/2023, R301(2)(b) and 307(2) 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

Upon approval from the Sanilac County Sanitarian, I recommend issuance of a regular license to this AFC adult medium group home (capacity 7-12).

Kathryn Huber

07/20/2023

Kathryn A. Huber
Licensing Consultant

Date