



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 1, 2023

Lauren Osantoski
Osantoski Inc
1514 Bad Axe Rd
Bad Axe, MI 48413

RE: License #: AG320015863
Osantoski Inc
1514 Bad Axe Rd
Bad Axe, MI 48413

Dear Ms. Osantoski:

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 (517) 284-9730.

Sincerely,

A handwritten signature in black ink, appearing to read "Mary Holton".

Mary Holton on behalf of 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

License #:	AG320015863
Licensee Name:	Osantoski Inc
Licensee Address:	1514 Bad Axe Rd Bad Axe, MI 48413
Licensee Telephone #:	(989) 269-6320
Licensee Designee:	Lauren Osantoski
Administrator:	Lauren Osantoski
Name of Facility:	Osantoski Inc
Facility Address:	1514 Bad Axe Rd Bad Axe, MI 48413
Facility Telephone #:	(989) 269-6320
Original Issuance Date:	03/24/1994
Capacity:	22
Program Type:	DEVELOPMENTALLY DISABLED AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/18/2023

Date of Bureau of Fire Services Inspection if applicable: 11/28/2022

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 18
No. of others interviewed 1 Role: License designee


- 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.
Not time for meal.
- 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 regular license to this AFC adult congregate facility (capacity of 22).

A handwritten signature in black ink, appearing to read "Mary Holton".

11/01/2023

Mary Holton on behalf of Kathryn A. Huber Date
Licensing Consultant