



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 20, 2025

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 Jordan Shepler:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- You are to submit documentation of compliance per the instructions in the corrective action plan acceptance letter which was sent to you on February 20, 2025.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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,

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684

**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) 878-3686
Licensee Designee:	Jordan Shepler
Administrator:	Jordan Shepler
Name of Facility:	Ohana AFC
Facility Address:	11530 E. 16 Rd Manton, MI 49663
Facility Telephone #:	(231) 878-3686
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): 02/19/2025

Date of Bureau of Fire Services Inspection if applicable: 11/13/2024

Date of Health Authority Inspection if applicable: 11/19/2024

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? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

R 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

At the time of the on-site inspection, it was noted that the Licensee failed to obtain a written health care appraisal for Resident LJ at the time of this residents' non-emergency admission on October 1, 2024. The written health care appraisal was conducted and obtained by the licensee on October 29, 2024.

On February 19, 2025, I conducted an exit conference with Licensee Designee Jordan Shepler. I explained my finding as noted above. Mr. Shepler stated he understood the finding and he had no further information to provide, nor any questions to ask, concerning this renewal inspection. Mr. Shepler provided a written corrective action plan addressing the above cited rule.

A corrective action plan was requested and approved on 02/19/2025. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license and special certification.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



February 20, 2025

Bruce A. Messer
Licensing Consultant

Date

