



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 20, 2025
Erin Gust
Dignitas Inc
P.O. Box 3460
Farmington Hills, MI 48333-3460

RE: License #: AM630409077
Orchard Lake House 4
24445 Orchard Lake Rd
Farmington Hills, MI 48336

Dear Ms. Gust:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (248) 975-5053.

Sincerely,

Sheena Worthy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
RENEWAL INSPECTION REPORT**

I. IDENTIFYING INFORMATION

License #:	AM630409077
Licensee Name:	Dignitas Inc
Licensee Address:	Suite 112 24380 Orchard Lake Road Farmington Hills, MI 48336-3460
Licensee Telephone #:	(248) 442-1170
Licensee/Licensee Designee:	Erin Gust
Administrator:	Erin Gust
Name of Facility:	Orchard Lake House 4
Facility Address:	24445 Orchard Lake Rd Farmington Hills, MI 48336
Facility Telephone #:	(248) 442-1170
Original Issuance Date:	10/21/2022
Capacity:	12
Program Type:	PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/20/2025

Date of Bureau of Fire Services Inspection if applicable: 07/19/24

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 4

No. of residents interviewed and/or observed 2

No. of others interviewed Role:

- 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.
It was not meal time during the onsite.
- 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.
N/A
- Corrective action plan compliance verified? Yes ☒ CAP date/s and rule/s:
SIR CAP Approved 02/21/25; 305(3)
- SIR CAP 08/15/24; 318(5), 507(2), 302(6), 403(1)
- SIR CAP 04/05/23; 305(3)
- LSR CAP 04/14/23; 403(1), 401(2), 301(10), 301(6), 315(3), 312(7), 312(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 found to be in non-compliance with the following rules:

R 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.

The licensee designee Erin Gust did not complete her 2024 physical on the correct BCAL required form. A 2023 physical was not provided for review for Ms. Gust.

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.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 04/14/23

A 2023 physical was not completed for Resident A. An initial physical for Resident B was not completed.

R 400.14301 Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

The 2023 assessment plan for Resident A was not dated by the guardian.

R 400.14312 Resident medications.

(2) Medication shall be given, taken, or applied pursuant to label instructions.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 04/14/23

According to Resident A's MAR, her Diclofenac was documented as not being available on 03/01/25, 03/02/25, 03/04/25, 03/05/25, and 03/06/25. However, the medication was actually available in the home on the above-mentioned dates. It is unknown if Resident A actually received this medication as prescribed.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

REPEAT VIOLATION ESTABLISHED LSR CAP APPROVED 04/14/23

The funds part II forms for Resident A and Resident B is not being signed by the licensee designee or by anyone appointed by the designee.

R 400.14318 Emergency preparedness; evacuation plan; emergency transportation.

(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least once per quarter. A record of the practices shall be maintained and be available for department review.

REPEAT VIOLATION ESTABLISHED SIR CAP APPROVED 08/15/24


During the first quarter of fire drills for 2024, a there were only two fire drills completed. An evening fire drill was not completed during the second quarter in 2024. A sleeping fire drill was not completed during the third quarter in 2024. During the last quarter in 2024, an evening and sleeping drill was not completed.

During the first quarter of fire drills for 2023, a sleeping drill was not completed. A sleeping fire drill was missing during the second quarter in 2023. During the third quarter in 2023, an evening and daytime drill was missing. A sleeping drill was not completed in the last quarter in 2023.

A corrective action plan was requested and approved on 03/20/2025. 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.

IV. RECOMMENDATION

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



Licensing Consultant

03/20/25
Date