



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

July 18, 2025

Angella Hamm  
Orchard AFC Home  
73 Orchard  
Ecorse, MI 48229

RE: License #: AS820418088  
**Priscilla's AFC Home**  
**18 Linden St.**  
**River Rouge, MI 48218**

Dear Ms. Hamm:

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 (313) 456-0439.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Denasha Walker'.

Denasha Walker, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Pl. Ste 9-100  
3026 W. Grand Blvd  
Detroit, MI 48202  
(313) 300-9922

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS820418088
<b>Licensee Name:</b>	Orchard AFC Home
<b>Licensee Address:</b>	73 Orchard Ecorse, MI 48229
<b>Licensee Telephone #:</b>	(734) 512-6294
<b>Licensee/Licensee Designee:</b>	Angella Hamm
<b>Administrator:</b>	Angella Hamm
<b>Name of Facility:</b>	Priscilla's AFC Home
<b>Facility Address:</b>	18 Linden St. River Rouge, MI 48218
<b>Facility Telephone #:</b>	(734) 512-6294
<b>Original Issuance Date:</b>	12/17/2024
<b>Capacity:</b>	5
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 07/18/2025

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 1  
No. of others interviewed 1 Role: Licensee 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.  
Meal preparation/service was not observed. Meal was prepared prior to inspection.
- 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 400.14312**

##### **Resident medications.**

**(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:**

**(b) Complete an individual medication log that contains all of the following information:**

- (i) The medication.**
- (ii) The dosage.**
- (iii) Label instructions for use.**
- (iv) Time to be administered.**
- (v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.**
- (vi) A resident's refusal to accept prescribed medication or procedures.**

At the time of inspection, Resident A's medication administration records (MARs) did not contain the initials of the person who administers the medication, at the time the medication is given, from 7/1/2025 through 7/18/2025 at 8:00 a.m.

Carbidopa – Levodopa 25-100 Tab, take ½ tablet by mouth twice daily at 2:00 a.m. and 8:00 p.m.

The bubble pack was initialed from 7/1/2025 through 7/18/2025 at 8:00 a.m., but the MARs were not.

#### **R 400.14401**

##### **Environmental health.**

**(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.**

At the time of inspection, the water throughout the home did not range between 105 to 120 degrees Fahrenheit at the faucet.

- Kitchen, 127.4 degrees Fahrenheit at the faucet.
- Bathroom second level, 125 degrees Fahrenheit at the faucet.

**\*Corrected onsite, CAP not required.**

A corrective action plan was requested and approved on 07/18/2025. 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.



7/18/2025

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Denasha Walker  
Licensing Consultant

Date