

GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

July 21, 2025

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 Santa Dickendesher:

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 (517) 643-7960.

Sincerely,

Cynthia Badour, Licensing Consultant

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Bureau of Community and Health Systems

411 Genesee P.O. Box 5070

Saginaw, MI 48605

(517) 648-8877

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

I. IDENTIFYING INFORMATION

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

Dat	e of On-site Inspection(s): 07/10/2025
Dat	e of Bureau of Fire Services Inspection if applicable: 09/24/2024
Dat	e of Health Authority Inspection if applicable: 04/24/2025
No.	of staff interviewed and/or observed 2 of residents interviewed and/or observed 7 of others interviewed 0 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 \boxtimes No \square If no, explain. Meal preparation / service observed? Yes \boxtimes No \square 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 400.14402 Food service.

(3) All perishable food shall be stored at temperatures that will protect against spoilage. All potentially hazardous food shall be kept at safe temperatures. This means that all cold foods are to be kept cold, 40 degrees Fahrenheit or below, and that all hot foods are to be kept hot, 140 degrees Fahrenheit or above, except during periods that are necessary for preparation and service. Refrigerators and freezers shall be equipped with approved thermometers.

I observed 3 freezers that did not have thermometers.

R 400.14403 Maintenance of premises.

(5) Floors, walls, and ceilings shall be finished so as to be easily cleanable and shall be kept clean and in good repair.

I observed the carpet in the hallway by a bedroom that is torn and may result in a tripping hazard.

R 400.14407 Bathrooms.

(1) Bathrooms and toilet facilities that do not have windows shall have forced ventilation to the outside. Bathroom windows that are used for ventilation shall open easily.

I observed the bathroom vent was not in working order. There is no window available for ventilation.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. I recommend the issuance of a regular 2-year license to this AFC adult medium group home (capacity 7-12).

Cynthia Badour Date
Licensing Consultant