



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 6, 2025

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 Lauren 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 Adult Foster Care congregate facility license is renewed. The regular license 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,

A handwritten signature in cursive script that reads "Cynthia Badour".

Cynthia Badour, Licensing Consultant  
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**

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

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 09/17/2025

Date of Bureau of Fire Services Inspection if applicable: 10/10/2024

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 14  
No. of others interviewed 0 Role: [REDACTED]

- 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.  
Onsite inspection occurred prior to lunch service.
- 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).

*Cynthia Badour*

10/06/2025

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Cynthia Badour  
Licensing Consultant

Date