



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 27, 2025

Jenee Asper
Orchard Creek Health Care, Inc.
9723 E. Cherry Bend Rd.
Traverse City, MI 49684

RE: License #: AL450285538
Orchard Creek Supportive Care
9739 E. Cherry Bend Road
Traverse City, MI 49684

Dear Jenee Asper:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. 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 (616) 356-0100.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
Suite 11
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4942

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

I. IDENTIFYING INFORMATION

License #: AL450285538

Licensee Name: Orchard Creek Health Care, Inc.

Licensee Address: 9723 E. Cherry Bend Rd.
Traverse City, MI 49684

Licensee Telephone #: (231) 932-9020

Licensee Designee: Jenee Asper

Administrator: Jenee Asper

Name of Facility: Orchard Creek Supportive Care

Facility Address: 9739 E. Cherry Bend Road
Traverse City, MI 49684

Facility Telephone #: (231) 932-9020

Original Issuance Date: 05/01/2007

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/24/2025

Date of Bureau of Fire Services Inspection if applicable: 02/04/2025

Date of Health Authority Inspection if applicable: 07/09/2025

No. of staff interviewed and/or observed 4

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.
- 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? 3 N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

On October 24, 2025, I conducted an exit conference with Licensee Designee Jenee Asper. I explained my finding as noted above. Ms. Asper stated she understood the finding, had no additional information to provide, nor any additional questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

I recommend issuance of a 2 year regular adult foster care license.

 October 27, 2025

Bruce A. Messer
Licensing Consultant

Date