



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 25, 2026

Scott and Lisa Ostrander
1943 N. Verona Rd.
Bad Axe, MI 48413

RE: License #: AM320298210
Talaski Adult Foster Care Home
1943 N. Verona Rd.
Bad Axe, MI 48413

Dear Scott and Lisa Ostrander:

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 medium group home 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

License #: AM320298210

Licensee Name: Scott Ostrander and Lisa Ostrander

Licensee Address: 1943 N. Verona Rd.
Bad Axe, MI 48413

Licensee Telephone #: (989) 269-8883

Licensee: Scott Ostrander and Lisa Ostrander

Administrator: Scott Ostrander

Name of Facility: Talaski Adult Foster Care Home

Facility Address: 1943 N. Verona Rd.
Bad Axe, MI 48413

Facility Telephone #: (989) 269-8883

Original Issuance Date: 08/31/2009

Capacity: 12

Program Type: DEVELOPMENTALLY DISABLED
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/25/2026

Date of Bureau of Fire Services Inspection if applicable: 03/11/2025

Date of Health Authority Inspection if applicable: 12/09/2025

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 1

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? 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 medium group home (capacity 7-12).



02/25/2026

Cynthia Badour
Licensing Consultant

Date