



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

June 16, 2021

Justin Stein
Bickford of Shelby, LLC
Ste 301
13795 S. Mur-Len Rd
Olathe, KS 66062

RE: License #: AH500387432
Bickford of Shelby
48251 Schoenherr Road
Shelby Township, MI 48316

Dear Mr. Stein:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

| | |
|-----------------------------------|--|
| License #: | AH500387432 |
| Licensee Name: | Bickford of Shelby, LLC |
| Licensee Address: | Ste 301 13795 S. Mur-Len Rd Olathe, KS 66062 |
| Licensee Telephone #: | (913) 782-3200 |
| Authorized Representative: | Justin Stein |
| Administrator: | Gretchin Mager |
| Name of Facility: | Bickford of Shelby |
| Facility Address: | 48251 Schoenherr Road Shelby Township, MI 48316 |
| Facility Telephone #: | (586) 685-5800 |
| Original Issuance Date: | 12/10/2018 |
| Capacity: | 74 |
| Program Type: | AGED ALZHEIMERS |

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/16/2021

Date of Bureau of Fire Services Inspection if applicable: 11/12/2020

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/16/2021

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 39
No. of others interviewed 0 Role

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No funds for residents
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

6/16/21

Licensing Consultant

Date