



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

October 6, 2023

Julayne Chinn and Steven Chinn
4886 W. Monroe Road
Alma, MI 48801

RE: License #: AF290370296
Shady Pines AFC
4886 W. Monroe Road
Alma, MI 48801

Dear Julayne Chinn AND Steven Chinn:

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

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) 284-9730.

Sincerely,

A handwritten signature in black ink that reads "Johnnie Daniels".

Johnnie Daniels, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AF290370296
Licensee Name:	Julayne Chinn and Steven Chinn
Licensee Address:	4886 W. Monroe Road Alma, MI 48801
Licensee Telephone #:	(989) 576-0537
Licensee:	N/A
Administrator:	N/A
Name of Facility:	Shady Pines AFC
Facility Address:	4886 W. Monroe Road Alma, MI 48801
Facility Telephone #:	(989) 285-2850
Original Issuance Date:	04/27/2015
Capacity:	4
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/02/2023

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

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.
Meals were not being consumed at time of inspection.
- 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 400.1422

Resident records.

(1)A licensee shall complete and maintain a separate record for each resident and shall provide record information as required by the department. A resident record shall include, at a minimum, all of the following information:

(i) Resident funds and valuables record.

Finding:

At the time of the inspection the amount charged for adult foster care services, which was listed on the *Resident Care Agreement*, did not match the amount listed on the *Resident Funds Part II* forms for two of three residents.

A corrective action plan was requested and approved on 10/02/2023. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.



10/06/2023

Johnnie Daniels
Licensing Consultant

Date

Approved:



10/06/2023

Dawn Timm
Area Manager

Date