



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

September 6, 2023

Jeffrey Shepard
Elder Ridge Manor II, LLC
PO Box 518
Stockbridge, MI 49285

RE: License #: AL330380274
Elder Ridge Manor II, LLC
4101 Oakley Road
Stockbridge, MI 49285

Dear Jeffrey Shepard:

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 and special certification are renewed. They are valid only at your present address and are nontransferable.

Please contact me with any questions. If 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 cursive script that reads "Rodney Gill".

Rodney Gill, 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 #: AL330380274

Licensee Name: Elder Ridge Manor II, LLC

Licensee Address: 4101 Oakley Road
Stockbridge, MI 49285

Licensee Telephone #: (517) 851-7501

Licensee Designee: Jeffrey Shepard

Administrator: Jennifer Flores

Name of Facility: Elder Ridge Manor II, LLC

Facility Address: 4101 Oakley Road
Stockbridge, MI 49285

Facility Telephone #: (517) 851-7501

Original Issuance Date: 04/06/2017

Capacity: 20

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

Certified Programs: MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2023

Date of Bureau of Fire Services Inspection if applicable: 03/27/2023

Date of Environmental/Health Inspection if applicable: 06/21/2023

No. of staff interviewed and/or observed 5
No. of residents interviewed and/or observed 20
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:
01/26/2022 - R 400.15312 / 11/17/2022 - MCL 400.734; R 400.15204 (3); R
400.15205 (3); R 400.15301 (4) N/A
- Number of excluded employees followed-up? 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.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license and concurrent special certification for mental illness.



09/06/2023

Rodney Gill
Licensing Consultant

Date