



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

November 29, 2023

Michael Kirby  
Kirby's Adult Foster Care Services Inc.  
2285 E. Lily Lake  
Harrison, MI 48625

RE: License #: AS370408026  
**Shady Oak**  
**9320 E Pickard**  
**Mt Pleasant, MI 48858**

Dear Mr. Kirby:

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 by submitting your TB test and a picture of the wheelchair ramp when it is completed. Please send this information by 12/29/2023.

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,

*Jennifer Browning*

Jennifer Browning, Licensing Consultant  
Bureau of Community and Health Systems  
Browningj1@michigan.gov - (989) 444-9614

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

**I. IDENTIFYING INFORMATION**

**License #:** AS370408026

**Licensee Name:** Kirby's Adult Foster Care Services Inc.

**Licensee Address:** 2285 E. Lily Lake  
Harrison, MI 48625

**Licensee Telephone #:** (989) 430-8061

**Licensee Designee:** Michael Kirby

**Administrator:** Michael Kirby

**Name of Facility:** Shady Oak

**Facility Address:** 9320 E Pickard  
Mt Pleasant, MI 48858

**Facility Telephone #:** (989) 317-3940

**Original Issuance Date:** 06/17/2021

**Capacity:** 6

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**Certified Programs:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/22/2023

Date of Bureau of Fire Services Inspection if applicable: Not applicable

Date of Health Authority Inspection if applicable: 8/15/2023

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 2

No. of others interviewed [redacted] 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.  
The inspection was not done during meal times. The food at the facility appeared safe and free from spoilage and contamination, the food service equipment was in good repair, and the facility appeared equipped to prepare and serve adequate meals.
- 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 400.14205 Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

**(4) A licensee shall provide the department with written evidence that he or she and the administrator have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken. The results of subsequent testing shall be verified every 3 years thereafter.**

Licensee designee Michael Kirby did not have an updated test for communicable tuberculosis.

**R 400.14509 Means of egress; wheelchairs.**

**(1) Small group homes that accommodate residents who regularly require wheelchairs shall be equipped with ramps that are located at 2 approved means of egress from the first floor.**

There are currently residents who require a wheelchair as an assistive device and only one approved means of egress from the first floor. Mr. Kirby has ordered a ramp to be installed off the back porch.

A corrective action plan was requested and approved on 11/22/2023. 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 and special certification.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Upon receipt of an approved Environmental Health Inspection (EHI), renewal of the license and special certification is recommended.



Jennifer Browning  
Licensing Consultant

11/29/2023

Date