



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

April 5, 2024

Shumaker Alan F and Carolyn S.  
6083 Narrow Lake Rd  
Charlotte, MI 48813

RE: License #: AS230075992  
**Golden Days II**  
**1493 N Cochran**  
**Charlotte, MI 48813**

Dear Shumaker Alan F and Carolyn S.:

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.

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, your license is renewed. It 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Ondrea Johnson".

Ondrea Johnson, Licensing Consultant  
Bureau of Community and Health Systems

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

**I. IDENTIFYING INFORMATION**

**License #:** AS230075992

**Licensee Name:** Shumaker Alan F and Carolyn S.

**Licensee Address:** 6083 Narrow Lake Rd  
Charlotte, MI 48813

**Licensee Telephone #:** (517) 543-6564

**Licensee Designee:** Shumaker Alan F and Carolyn S.

**Administrator:** Carolyn Shumaker

**Name of Facility:** Golden Days II

**Facility Address:** 1493 N Cochran  
Charlotte, MI 48813

**Facility Telephone #:** (517) 543-9626

**Original Issuance Date:** 06/12/1997

**Capacity:** 6

**Program Type:** AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/03/2024

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

Date of Health Authority Inspection if applicable: 1/16/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 4

No. of others interviewed 0 Role: 0

- 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 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.

**(2) A licensee shall have, on file with the department, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of the licensee and administrator. The statement shall be signed within 6 months before the issuance of a temporary license and at any other time requested by the department.**

FINDINGS: Staff Jennifer Schueller does not have physical on file for the department to review.

**R 400.14301** Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

FINDINGS: Resident A does not have health care appraisal completed on file for the department to review.

**R 400.14312** Resident medications.

**(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original**

**pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.**

FINDINGS: Resident B has not been given his Furosemide 20 mg medication as prescribed.

A corrective action plan was requested and approved on 04/03/2024. 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.



Ondrea Johnson  
Licensing Consultant

4/5/2024  
Date