



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

November 20, 2025

Ashley Mcloughlin
Shelby Comfort Care
51831 VanDyke Ave.
Shelby Township, MI 48315

RE: License #: AH500413843
Investigation #: 2026A0585002
Shelby Comfort Care

Dear Ms. Mcloughlin:

Attached is the Special Investigation Report for the above referenced facility. Due to the violations identified in the report, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

If you desire technical assistance in addressing these issues, please feel free to contact me. In any event, the corrective action plan is due within 15 days. Failure to submit an acceptable corrective action plan will result in disciplinary action. 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 contact the local office at (517) 335-5985.

Sincerely,

A handwritten signature in cursive script that reads "Brender Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street, P.O. Box 30664
Lansing, MI 48909
(313) 268-1788
enclosure

**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
SPECIAL INVESTIGATION REPORT**

I. IDENTIFYING INFORMATION

License #:	AH500413843
Investigation #:	2026A0585002
Complaint Receipt Date:	10/09/2025
Investigation Initiation Date:	10/10/2025
Report Due Date:	12/08/2025
Licensee Name:	Shelby Comfort Care, LLC
LicenseeAddress:	2635 Lapeer Road Auburn Hills, MI 48326
Licensee Telephone #:	(989) 607-0001
Administrator:	Alison VanRyckeghem
Authorized Representative:	Ashley Mcloughlin
Name of Facility:	Shelby Comfort Care
Facility Address:	51831 VanDyke Ave. Shelby Township, MI 48315
Facility Telephone #:	(586) 333-4940
Original Issuance Date:	02/16/2023
License Status:	REGULAR
Effective Date:	08/01/2025
Expiration Date:	07/31/2026
Capacity:	77
Program Type:	AGED ALZHEIMERS

II. ALLEGATION(S)

	Violation Established?
The facility does not have sufficient staff.	No
Resident was in pain and staff did not give her medication.	Yes
Additional Findings	No

III. METHODOLOGY

10/09/2025	Special Investigation Intake 2026A0585002
10/10/2025	Special Investigation Initiated - On Site Interviewed administrator on site and requested documentation.
10/10/2025	Inspection Completed On-site Completed with observation, interview and record review.
10/10/2025	Inspection Completed-BCAL Sub. Compliance
11/20/2025	Exit Conference Conducted via email to authorized representative Alison VanRyckeghem.

ALLEGATION:

The facility does not have sufficient staff.

INVESTIGATION:

On 10/09/2025, the licensing department received an anonymous complaint via BCHS online complaint. The complaint alleged that on 9/27/2025, resident was in pain and did not get her medication due to facility being short staffed. Due to the anonymous nature of the complaint, no additional information could be obtained.

On 10/10/2025, an onsite was completed at the facility. I interviewed the administrator Alison VanRyckeghem and requested a resident roster at that time. There were no specific resident named in the complaint, and therefore, I randomly selected three residents (A, B, C, D) to review their medication administration records (MAR). During the interview with the administrator, she said there were 45 residents at the facility at that time. She said there are three shifts that consist of morning shift with five care staff, evening shift with 4 care staff and midnight shift

with 3 care staff. She said there are enough staff to care for the needs of the residents. She stated that all staff have walkie talkies to communicate with others for the care needs of the residents.

On 10/10/2025, I interviewed Employee #1 whose statements were consistent with the administrator regarding staffing. Employee #1 stated that they try to respond immediately to call lights. She said that they work together to meet the needs of the residents.

During the onsite, I interviewed Resident A at the facility. Resident A said that some staff are good, but stated that staff at night is bad, and it takes a long time for them to come.

Resident B stated that staff were okay, and they take care of her, and she doesn't have any issues.

Resident C stated that staff is okay, and he doesn't have any problem with the staff. Resident C says her needs are being met, and staff always come whenever she calls them.

Relative D stated that the facility is better now, and they have some days that are worse than others. Relative D stated that Resident D gets his showers, and he receives his medication. Relative D stated that she does not have any issues with staff.

The staffing schedule was consistent with the administrator and Employee #1 statements regarding staffing. The schedule was consistent for staff observed on duty at the time of this on site.

APPLICABLE RULE	
R 325.1931	Employees; general provisions.
	(5) The home shall have adequate and sufficient staff on duty at all times who are awake, fully dressed, and capable of providing for resident needs consistent with the resident service plans.

ANALYSIS:	<p>The complaint alleged that the facility does not have sufficient staff.</p> <p>Based on observation of staff on duty, interview with staff and residents, and review of staffing schedule, there is no evidence to support this claim.</p>
CONCLUSION:	VIOLATION NOT ESTABLISHED

ALLEGATION:

Resident A was in pain and staff did not give her medication.

INVESTIGATION:

The complaint alleged that a resident was in pain and staff did not give her medication. There were no listed complaints, and random residents were chosen to review their records.

The administrator stated that residents are getting their medication. She said that all med techs start as caregivers. She said after 30 days, the med tech goes to training for four days. She said the med tech are given a test and if they pass, they sign off as med tech.

Upon request, I received copies of Resident A, Resident B, Resident C and Resident D's MAR for review.

Resident A's MAR shows: On 09/01 and 09/02, Lorazepam was not administered due to not being on cart; On 9/4 Buprenorphine was not administered due to not being on cart, on 9/12 hydralazine was not administered due to not being on cart; on 9/12 amitriptyline was not administered due to not being on cart, on 9/14 and 9/15, risperidone was not applied due to the blister package not being located.

Resident B's MAR shows: On 10/8, 4:00 dose of docusate was not administered; on 10/8 and 10/9 nystatin was not applied twice daily as prescribed; on 10/02 and 10/09, lidocaine patch indicated no patch on the MAR; on 10/9, 8:00 pm doses of metoprol were not administered.

Resident C's MAR shows: On 10/7, haloperidol was not administered due to not being on cart. On 9/20, atorvastatin was not administered.

Resident D's MAR shows: On 9/21, alpazome was not administered, on 09/20, atorvastatin was not administered; on 9/20, latanoprost was not administered.

APPLICABLE RULE	
R 325.1932	Resident medications.
	(2) The giving, taking, or applying of prescription medications shall be supervised by the home in accordance with the resident's service plan.
ANALYSIS:	<p>The complaint alleged a resident was in pain and staff did not give her medication.</p> <p>There were no listed residents on the complaint. Four residents were selected from the resident roster. All four residents showed days when medication was not administered as ordered.</p> <p>Therefore, the facility did not comply with this rule.</p>
CONCLUSION:	VIOLATION ESTABLISHED

IV. RECOMMENDATION

Upon receipt of an acceptable corrective action plan, I recommend no change in the status of the license.

Brender L. Howard

11/20/2025

Brender Howard
Licensing Staff

Date

Approved By:

Andrea L. Moore

11/20/2025

Andrea L. Moore, Manager
Long-Term-Care State Licensing Section

Date