



STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING



JENNIFER M. GRANHOLM  
GOVERNOR

MARIANNE UDOW  
DIRECTOR

March 7, 2006

Shelley Langley  
2875 E Richardson Rd  
Bad Axe, MI 48413

RE: Application #: AM320275971  
Shady Acres Assisted Living  
2875 E. Richardson  
Bad Axe, MI 48413

Dear Mrs. Langley:

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 12 is issued.

Please review the enclosed documentation for accuracy and feel free to contact me with any questions. In the event that I am not available and you need to speak to someone immediately, please feel free to contact the local office at (248) 975-5053.

Sincerely,

Carol Trombley, Licensing Consultant  
Office of Children and Adult Licensing  
Suite 358  
41000 Woodward  
Bloomfield Hills, MI 48304  
(586) 412-6836

**MICHIGAN DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILDREN AND ADULT LICENSING  
LICENSING STUDY REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AM320275971

**Applicant Name:** Shelley Langley

**Applicant Address:** 2875 E Richardson Rd  
Bad Axe, MI 48413

**Applicant Telephone #:** (989) 269-7658

**Administrator/Licensee Designee:** N/A

**Name of Facility:** Shady Acres Assisted Living

**Facility Address:** 2875 E. Richardson  
Bad Axe, MI 48413

**Facility Telephone #:** (989) 269-7658  
05/18/2005

**Application Date:**

**Capacity:** 12

**Program Type:** DEVELOPMENTALLY DISABLED  
MENTALLY ILL  
AGED  
PHYSICALLY HANDICAPPED

## II. METHODOLOGY

05/18/2005	Enrollment
05/20/2005	Inspection Report Requested - Fire
05/20/2005	Inspection Report Requested - Health
08/25/2005	Application Incomplete Letter Sent
03/01/2006	Inspection Completed-BFS Sub. Compliance
03/01/2006	Corrective Action Plan Received
03/01/2006	Corrective Action Plan Approved

## III. DESCRIPTION OF FINDINGS & CONCLUSIONS

### A. Physical Description of Facility

The Shady Acres AFC Home is a frame colonial building in a country setting. Mr. and Mrs. Langley and their two children live on one side of the facility, and the residents live on the other side. For the residents there are six bedrooms, two bathrooms, living room, recreation room and a dining room. There are three resident bedrooms in the older section of the facility and there are three bedrooms in the newly built section. Mr. and Mrs. Langley have been licensed for a family home for six residents.

The following bedroom dimensions are according to Rule 400.14409(3):

<u>Bedroom</u>	<u>Square Footage</u>	<u>Capacity</u>
SW	136	2
Middle SW	136	2
NW	165	2
NE	220	2
NW	198	2
SW	193	2

According to Rule 400.14405(1), the following rooms were measured for square feet of indoor living space:

<u>Living Space</u>	<u>Square Footage</u>
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Dining Room	243
Recreation Room	132
Living Room	289

The above measurements for the bedrooms and for the indoor living space are sufficient for the proposed capacity of twelve residents. The floor plan indicates how many beds are placed in each bedroom for a total of 12 residents.

## 2. Sanitation

The Shady Acres AFC Home will utilize private water and sewage systems. The Huron County Environmental Division of the Health Department gave full approval.

At the final inspection, the kitchen and bathroom areas were noted to be well equipped and in clean condition. The food will be cooked in the kitchen that is used by the Langleys.

All garbage will be kept in a leak proof, nonabsorbent container with a tight fitting lid. Poisons, caustics and other dangerous materials will be stored and safeguarded in nonresident areas and in nonfood preparation storage areas.

All habitable rooms were noted to be well ventilated. Shower and bath areas were equipped with handrails and nonskid surface. Bathroom and toilet facilities were noted to have forced ventilation to the outside.

## 3. Fire Safety

The fire safety inspector from the Bureau Of Construction Codes and Fire Safety/Building Division gave a full fire safety inspection approval on 2-24-2006.

Fire drills were explained to both Mr. and Mrs. Langley.

Physical plant checklists that will be used by the licensing consultant when an inspection is conducted were given.

## **B. Program Description**

On 5-26-2005, Lansing received a license application from Kevin and Shelley Langley to provide a program for up to 12 mentally ill, developmentally disabled, aged, and wheelchair accessible and physically handicapped. A second application was received in Lansing on 12-20-2005 for the same population, and with Shelley Langley as the applicant.

Job descriptions for the positions in the facility have been submitted to the department for review and inclusion in the licensing record and have been determined to be acceptable as written.

Licensing record clearances have been received and processed for Mr. and Mrs. Langley. Verifying their good moral character and suitability.

Administrative Rule 400.14103(5) regarding changes in information were explained to Mr. and Mrs. Langley. Mrs. Langley indicated that it is the intent to ensure compliance with Administrative Rule requirements relating to administrative structure and capability.

## 2. Qualifications and Competency

Mrs. Langley has submitted the materials to the department verifying she possesses the qualifications for licensee and home administrator as required by the administrative rules. A review of her employment history reveal she possesses experience in the field with the developmental disabled, mentally ill, aged, wheelchair accessible and physically handicapped.

Current medical clearance requests and releases for Mr. and Mrs. Langley have been received certifying that they are in good physical health and have no limitations for work with or around dependent adults. Results of the TB test indicate that Mr. and Mrs. Langley are free from communicable tuberculosis.

At final inspection, the facility was determined to be in compliance with the administrative rule requirements relating to administrative qualifications, training and health.

## 3. Program Statement, Admission and Discharge Policies

The intent of the Shady Acres home is to provide a safe and family environment along with maximizing social and community living skills, thus avoiding the need for a more restrictive environment. The population to be served is mentally ill, developmentally disabled, aged, physically handicapped and wheelchair bound individuals.

Persons who wander or who need awake staff during night time hours will not be accepted.

The home will offer to each individual a highly individualized learning and giving environment within a routine family setting. Each person will be treated as an individual with unique needs and abilities, and will help each person to attain his highest potential.

The persons will have the opportunity to go to the movies, eat out, shop and attend sporting events. The home is located in a country setting, which gives people a great opportunity to be around many different animals if they choose. Everyone who chooses to live at the home will become a part of the family.

The homeowners as well as any staff that are employed are educated through the local mental health.

#### 4. Facility and Employment Records.

At final inspection, the following documents were available: admission policy, program statement, discharge policy, personnel policies and procedures, refund policy, staffing patterns, emergency preparedness plans, house rules, grievance procedures and home training plan.

Employment files were discussed.

This consultant discussed with Mrs. Langley the need for awake staff during night time hours if the residents need it.

At final inspection specific requirements relating to each required document were explained to Mrs. Langley and she indicated it is the intent of to assure compliance with these requirements. Checklists that will be used by the licensing consultant were given to Mrs. Langley.

#### 5. Resident Care, Services and Records

At final inspection, administrative rule requirements relating to resident identifying information, health care appraisal, medication logs, health care chronologicals, resident care agreements, assessment plans, weight records, incident reports, resident funds, special diets, assistive devices and resident grievances were explained to Mrs. Langley and she indicated it is the intent to assure compliance with these requirements. Mrs. Langley was provided with an initial supply of required department forms.

Prior to the expiration date of the temporary license, a renewal inspection will be made to determine the facility's level of compliance in the area of resident records.

Resident rights, menus and incident and accident reports were explained. Menus will be written at least one week in advance and posted. Menus will have to be kept for one calendar year.

Medication procedures were reviewed and is noted that all medications will be kept in their original containers in a locked cabinet. Medications will be separated according to internal and external use. Only trained staff will be permitted to dispense medications. All medication errors will be reported to the resident's physician and recorded in each resident's health care chronological.

An initial supply of forms were given to Mrs. Langley

### **C. Rule/Statutory Violations**

When this consultant inspected the physical plant, the following rule citations were found:

**R 400.14403      Maintenance of premises.**

(1) A home shall be constructed, arranged, and maintained to provide adequately for the health, safety, and well being of occupants.

The lip on the ground on each side of the exterior door was too high for a wheelchair to easily move over it.

**VIOLATION ESTABLISHED**

**R 400.14507      Means of egress generally.**

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

The doorknob on the door leading to the outside did not have a positive-latching, non-locking-against-egress hardware.

**VIOLATION ESTABLISHED**

**IV. RECOMMENDATION**

I recommend issuance of a temporary license to the Shady Acres for twelve mentally ill, developmentally disabled, aged, physically handicapped, 18 years and older, males and females, non-ambulatory adults.

*Carol Trombley*

March 2, 2006

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Carol Trombley, Licensing Consultant      Date

Approved By:

*Candyce Crompton*

3/6/08

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Candyce Crompton, Area Manager      Date

