



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

September 23, 2020

Shelley Langley  
2875 E Richardson Rd  
Bad Axe, MI 48413

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

Dear Mrs. Langley:

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 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 blue ink that reads "Kathryn A. Huber".

Kathryn A. Huber, Licensing Consultant  
Bureau of Community and Health Systems  
411 Genesee  
P.O. Box 5070  
Saginaw, MI 48605  
(989) 293-3234

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM320275971
<b>Licensee Name:</b>	Shelley Langley
<b>Licensee Address:</b>	2875 E Richardson Rd Bad Axe, MI 48413
<b>Licensee Telephone #:</b>	(989) 269-7658
<b>Licensee:</b>	Shelley Langley
<b>Administrator:</b>	Shelley Langley
<b>Name of Facility:</b>	Shady Acres Assisted Living
<b>Facility Address:</b>	2875 E Richardson Bad Axe, MI 48413
<b>Facility Telephone #:</b>	(989) 269-7658
<b>Original Issuance Date:</b>	03/09/2006
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): virtual inspection 09/23/2020

Date of Bureau of Fire Services Inspection if applicable: 10/01/2019

Date of Environmental/Health Inspection if applicable: 06/09/2020

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 11  
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.  
This was a virtual inspection and was completed before lunch was served.
- 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license (capacity 1-12).



09/23/2020

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Kathryn A. Huber  
Licensing Consultant

Date