



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

May 18, 2023

Deidre Wheatley
D & D Senior Living, Inc.
14184 22 Mile Road
Shelby Twp., MI 48315

RE: License #: AS500364160
Shelby Manor 1
14184 22 Mile Road
Shelby Twp., MI 48315

Dear Ms. Wheatley:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500364160
Licensee Name:	D & D Senior Living, Inc.
Licensee Address:	14184 22 Mile Road Shelby Twp., MI 48315
Licensee Telephone #:	(586) 405-9623
Licensee/Licensee Designee:	Deidre Wheatley
Administrator:	Deidre Wheatley
Name of Facility:	Shelby Manor 1
Facility Address:	14184 22 Mile Road Shelby Twp., MI 48315
Facility Telephone #:	(586) 532-9461
Original Issuance Date:	11/14/2014
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 4

No. of others interviewed 1 Role: Licensee Designee

- 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:
CAP date 05/13/2021- AS205(4), AS205(6), AS306(2), AS310(3) 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:

<p>R 400.14203</p>	<p>Licensee and administrator training requirements.</p>
	<p>(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:</p> <p>(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.</p> <p>(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.</p>
<p>Licensee Designee, Deidre Wheatley, has not completed 16 annual training hours.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 05/13/2021, CAP dated 05/13/2021.</p>	
<p>R 400.14205</p>	<p>Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.</p>
	<p>(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.</p>
<p>Licensee Designee, Deidre Wheatley, did not have verification of a current TB test.</p> <p>REPEAT VIOLATION ESTABLISHED: LSR dated 05/13/2021, CAP dated 05/13/2021.</p>	
<p>R 400.14208</p>	<p>Direct care staff and employee records.</p>
	<p>(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information:</p>

	(f) Verification of reference checks.
	Staff, Amy Rumble, only had verification of one reference check in employee file.
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.
	Resident A's health care appraisal was not dated. It is unknown when the health care appraisal was completed.
R 400.14306	Use of assistive devices.
	(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.
	Resident A had a physician authorization for use of shower chair, hospital bed, bed rails and bed alarm, however, the assistive devices were not listed in assessment plan. REPEAT VIOLATION ESTABLISHED: LSR dated 05/13/2021, CAP dated 05/13/2021.
R 400.14310	Resident health care.
	(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.
	Resident A did not have a weight record completed in resident file.
R 400.14318	Emergency preparedness; evacuation plan; emergency transportation.
	(5) A licensee shall practice emergency and evacuation procedures during daytime, evening, and sleeping hours at least

	once per quarter. A record of the practices shall be maintained and be available for department review.
A sleep time fire drill was not completed for the first quarter of 2023. An evening fire drill was not completed for the first quarter of 2022.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.



05/18/2023

Kristine Cilluffo
Licensing Consultant

Date