



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

July 18, 2023

Krystyna Badoni  
Bickford of Shelby, LLC  
Ste 301, 13795 S. Mur-Len Rd  
Olathe, KS 66062

RE: License #: AH500387432  
**Bickford of Shelby**  
**48251 Schoenherr Road**  
**Shelby Township, MI 48316**

Dear Ms. Badoni:

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 action plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result. 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 feel free to contact the local office at (517) 284-9730.

Sincerely,

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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500387432
<b>Licensee Name:</b>	Bickford of Shelby, LLC
<b>Licensee Address:</b>	Ste 301 13795 S. Mur-Len Rd Olathe, KS 66062
<b>Licensee Telephone #:</b>	(913) 782-3200
<b>Authorized Representative:</b>	Krystyna Badoni
<b>Administrator:</b>	Gretchin Mager
<b>Name of Facility:</b>	Bickford of Shelby
<b>Facility Address:</b>	48251 Schoenherr Road Shelby Township, MI 48316
<b>Facility Telephone #:</b>	(586) 685-5800
<b>Original Issuance Date:</b>	12/10/2018
<b>Capacity:</b>	74
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 7/12/2023

Date of Bureau of Fire Services Inspection if applicable: 12/7/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 7/12/2023

No. of staff interviewed and/or observed 7  
No. of residents interviewed and/or observed 28  
No. of others interviewed 2 Role Residents' family members

- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication records(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain. No funds held for the residents.
- Meal preparation / service observed? Yes  No  If no, explain.
- Fire drills reviewed? Yes  No  If no, explain. Interviewed staff on the policy and procedures.
- Water temperatures checked? Yes  No  If no, explain.
- Incident report follow-up? Yes  IR date/s: N/A
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s: No CAPS for this facility.
- Number of excluded employees followed up? N/A

**III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:	
<b>R 325.1921</b>	<b>Governing bodies, administrators, and supervisors.</b>
	<b>(1) The owner, operator, and governing body of a home shall do all of the following:</b>  <b>(b) Assure that the home maintains an organized program to provide room and board, protection, supervision, assistance, and supervised personal care for its residents.</b>
The refrigerator in the medication room that was designated for medication storage contained food.	
<b>R 325.1976</b>	<b>Kitchen and dietary.</b>
	<b>(8) A reliable thermometer shall be provided for each refrigerator and freezer.</b>

The medication refrigerator did not have a thermometer. Therefore, not having a thermometer to regulate temperature, the medication can easily become contaminated.

**IV. RECOMMENDATION**

Contingent upon receipt of an acceptable corrective action plan, issuance of a license is recommended.

*Brandon D. Howard*

7/18/2023

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Licensing Consultant

\_\_\_\_\_  
Date