



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
ACTING DIRECTOR

October 13, 2023

Richard Fritz  
Shelby Comfort Care  
51831 VanDyke Ave.  
Shelby Township, MI 48315

RE: License #: AH500413843  
**Shelby Comfort Care**  
**51831 VanDyke Ave.**  
**Shelby Township, MI 48315**

Dear Mr. Fritz:

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, effective 8/16/2023 until 8/17/2024. It is valid only at your present address and is nontransferable.

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,

A handwritten signature in cursive script that reads "Brender D. 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  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500413843
<b>Licensee Name:</b>	Shelby Comfort Care, LLC
<b>Licensee Address:</b>	2635 Lapeer Road Auburn Hills, MI 48326
<b>Licensee Telephone #:</b>	(989) 607-0001
<b>Authorized Representative:</b>	Richard Fritz
<b>Administrator/Licensee Designee:</b>	Alison Bickford
<b>Name of Facility:</b>	Shelby Comfort Care
<b>Facility Address:</b>	51831 VanDyke Ave. Shelby Township, MI 48315
<b>Facility Telephone #:</b>	(586) 333-4940
<b>Original Issuance Date:</b>	02/16/2023
<b>Capacity:</b>	77
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/21/2023

Date of Bureau of Fire Services Inspection if applicable: 11/30/2022

Inspection Type:  Interview and Observation  Worksheet  
 Combination

Date of Exit Conference: 9/21/2023

No. of staff interviewed and/or observed 9  
No. of residents interviewed and/or observed 25  
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: 8/15/2023 2023A1022046 1979(1), 20201(2)k
- Number of excluded employees followed up? N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Brenden D. Howard*

10/13/2023

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Licensing Consultant

Date