



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 27, 2024

Shelia Shang
Shedrice's AFC LLC
246 Powell Street SE
Grand Rapids, MI 49507

RE: License #: AS410407591
Shedrice's AFC Home
246 Powell St. S.E.
Grand Rapids, MI 49507

Dear Shelia Shang:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan: *You are to submit documentation of compliance.*

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 cursive script that reads "Cassandra Duursma".

Cassandra Duursma, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
(269) 615-5050

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

I. IDENTIFYING INFORMATION

License #: AS410407591

Licensee Name: Shedrice's AFC LLC

Licensee Address: 246 Powell Street SE
Grand Rapids, MI 49507

Licensee Telephone #: (616) 375-6076

Licensee Designee: Shelia Shang

Administrator: Shelia Shang

Name of Facility: Shedrice's AFC Home

Facility Address: 246 Powell St. S.E.
Grand Rapids, MI 49507

Facility Telephone #: (616) 375-6076

Original Issuance Date: 03/14/2022

Capacity: 6

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 8/27/24

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 0

No. of residents interviewed and/or observed 0

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.
Residents were at day program at the time of the renewal inspection.
- 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:
10/3/23- as304(1)(p) as305(3) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

R 400.14505

Smoke detection equipment; location; battery replacement; testing, examination, and maintenance; spacing of detectors mounted on ceilings and walls; installation requirements for new construction, conversions, and changes of category.

(4) Detectors shall be tested, examined, and maintained as recommended by the manufacturer.

Two smoke detectors in the home were heard beeping indicating the power source was low. Ms. Shang reported Fire Pros was scheduled to come to the home prior to the end of the month and she would have this addressed.

I completed an exit conference with Ms. Shang who did not dispute my findings or recommendations.

A corrective action plan was requested and approved on 08/27/2024. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

An acceptable corrective action plan has been received. Renewal of the license is recommended.

Cassandra Duursma

8/27/24

Cassandra Duursma
Licensing Consultant

Date