



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 15, 2025

Shannon White-Schellenberger
Angels' Place
Suite 2
29299 Franklin Road
Southfield, MI 48034

RE: Application #: AS630419349
Hylane Home
2818 Hylane Drive
Troy, MI 48098

Dear Ms. White-Schellenberger:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 5 is issued.

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 contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Sara E. Shaughnessy".

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
(248) 320-3721

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630419349
Licensee Name:	Angels' Place
Licensee Address:	Suite 2 29299 Franklin Road Southfield, MI 48034
Licensee Telephone #:	(248) 350-2203
Administrator/Licensee Designee:	Shannon White-Schellenberger
Name of Facility:	Hylane Home
Facility Address:	2818 Hylane Drive Troy, MI 48098
Facility Telephone #:	(248) 731-7710
Application Date:	03/19/2025
Capacity:	5
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODOLOGY

03/19/2025	On-Line Enrollment
03/21/2025	PSOR on Address Completed
03/21/2025	Contact - Document Sent Forms sent
05/19/2025	Contact - Document Received 1326/RI030, Physical and TB.
05/19/2025	File Transferred to Field Office
05/20/2025	Application Incomplete Letter Sent
07/28/2025	Contact - Document Received Received requested documents via email.
07/28/2025	Application Complete/On-site Needed
08/04/2025	Inspection Completed On-site
08/07/2025	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

On 03/19/2025, the department received a license application from Angels' Place, a corporation, for operation of an Adult Foster Care Group Home at the above referenced address in Troy, Michigan. Angels' Place is seeking to operate a program of care and services for up to five (5) adults, female, ages 26-99, who are developmentally disabled.

A. Physical Description of Facility

Hylane Home is a ranch style home with no basement. The home is in the city of Troy. The front entry is through a large foyer, that is going to be set up as an area for residents to play games, do puzzles, and relax. To the right of the foyer is a living room that is fully furnished and has a television, there are enough seats for at least five people. To the left of the foyer is a bedroom with a private bathroom. Walking straight through the living room is the large kitchen and dining room, which also contains four large cabinets with locks on them, this is where medications will be stored. To the left of the kitchen is a bathroom. Down the hall, to the left of the kitchen, is a bathroom and four bedrooms, bedroom two contains a private bathroom.

The laundry and furnace room are both on the first floor and is separated by a door. The home is wheelchair accessible and has two approved means of egress that are flat surfaces, not needing ramps, although none of the residents use wheelchairs.

Hylane Home receives water and sewer services through the City of Troy.

The gas furnace and hot water heater are in a room connected to bedroom number one, on the first floor, in a room that is constructed of materials that provide a 1-hour-fire-resistance rating with a 1¾ inch solid core door in a fully stopped frame, equipped with an automatic self-closing device and positive-latching hardware. There is a smoke detector, carbon monoxide detector, and fire extinguisher in the furnace room. The facility is equipped with interconnected, hardwire smoke detection system, with battery backup, which was installed by a licensed electrician and is fully operational.

Emergency response services for Hylane Home are available through the City of Troy. Medical services are available through local hospitals that include William Beaumont Hospital and Ascension Macomb-Oakland Hospital. This group home will provide transportation.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	15'10" x 13'	205.83	1
2	10'8" x 10'11"	116.4	1
3	11'10" x 9'11"	117.35	1
4	13'3" x 9'11"	131.4	1
5	12'4" x 13'2"	162.4	1

Total capacity: 5

The living room is 345 square feet and the game/puzzle area is 368 square feet, for a combined square footage of **713** square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **five (5)** residents. It is the licensee's responsibility not to exceed the facility's licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The

applicant intends to provide 24-hour supervision, protection and personal care to five (5) female ambulatory adults whose diagnosis is developmental disability. In addition to basic room and board, Hylane Home will provide 24-hour supervision, administration of medications, and assistance with personal care that is consistent with each individual resident's written assessment plan. The applicant intends to accept residents through Oakland County Health Network (OCHN) and will be seeking a special certification for developmental disabilities.

The facility will make provision for a variety of leisure and recreational equipment.

The residents will be participating in a day program during the week, and the facility is providing them with a puzzle area and two outdoor patios for residents to enjoy. In addition, there is a walking path at the back of the home that ends in a church for residents to utilize. Residents are also able to attend church services, if they so choose.

C. Applicant and Administrator Qualifications

The applicant is Angels' Place, a domestic non-profit corporation that was established in Michigan on 09/25/1992. Angels' Place is in good standing. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

The members of Angels' Place have submitted documentation appointing Shannon White-Schellenberger as licensee designee and administrator for this facility.

A licensing record clearance request was completed with no LEIN convictions recorded for Ms. White-Schellenberger. Ms. White-Schellenberger submitted a medical clearance request with statements from a physician documenting their good health and current TB-tine negative results.

Ms. White-Schellenberger provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules. Ms. White-Schellenberger earned her Bachelor of Health Science degree in 1993, and she earned a master's degree in public administration in 2002. Ms. White-Schellenberger began providing services to this population in 1994, while working as a home manager/case manager for individuals with developmental disabilities until she was hired as the program director of Angels' Place in 2002. She was promoted to director of program services in 2015, chief program officer in 2018, and chief operating officer in 2025. In 2024 and 2025, Ms. White-Schellenberger completed required trainings for Oakland Community Health Network and Detroit Wayne Integrated Health Network, including Nutrition, Food Safety, & Assisting People with Eating/Swallowing Difficulties, CPR and Adult First Aid, Environmental Emergencies and Emergency Preparedness, Introduction to Human Services and Meeting Special Needs, Building Natural Supports, Cultural Competency for Direct Support Professionals, The Person Centered Planning Process

for Direct Support Professionals, Human Relationships, Crisis Planning, Behavior and Crisis Intervention, Critical thinking and Creative Problem Solving, Suicide Risk and Intervention, Trauma Informed Supports, Bloodborne Pathogens and Infection Prevention for Direct Service Professionals, Medicare and Medicaid General Compliance Training, Medication Education, Co-Occurring Disorders: Principles of Successful Treatment for Individuals and Families with Mental Health and Substance Use Disorders, Grievance, Appeals, and State Fair Hearings, Abuse and Neglect, Anti-Harassment and Non-Discrimination Training for Employees, HIPAA Basics, and Annual Recipient Rights Training.

The staffing pattern for the original license of this 5 bed facility is adequate and includes a minimum of 1 staff to- 5 residents per shift. Ms. White-Schellenberger acknowledges that the staff- to- resident ratio will change to reflect any increase in the level of supervision, protection, or personal care required by the residents. The applicant has indicated that direct care staff will be awake during sleeping hours. Ms. White-Schellenberger acknowledged that at no time will this facility rely on “roaming staff” that staff that are on duty and working at another facility to be considered part of this facility’s staff-to- resident ratio or expected to assist in providing supervision, protection, or personal care to the resident population.

Ms. White-Schellenberger acknowledges an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to- resident ratio. Ms. White-Schellenberger acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the documents required to be maintained in each employee’s record to demonstrate compliance.

Ms. White-Schellenberger acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in locked lockers and that daily medication logs will be maintained on each resident receiving medication.

Ms. White-Schellenberger acknowledges their responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. White-Schellenberger acknowledges their responsibility to maintain all required documentation in each employee’s record for each licensee or licensee

designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents.

Ms. White-Schellenberger acknowledges an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the home for adult foster care.

Ms. White-Schellenberger acknowledges their responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. White-Schellenberger acknowledges their responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file. Ms. White-Schellenberger acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. Ms. White-Schellenberger acknowledges that a separate Resident Funds Part II BCAL-2319 form will be created for each resident to document the date and amount of the adult foster care service fee paid each month and all of the resident's personal money transactions that have been agreed to be managed by the applicant.

Ms. White-Schellenberger acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. Ms. White-Schellenberger indicated that it is their intent to achieve and maintain compliance with these requirements.

Ms. White-Schellenberger acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. Ms. White-Schellenberger has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

Ms. White-Schellenberger acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

Ms. White-Schellenberger acknowledges that residents with mobility impairments may only reside on the main floor of the facility.

D. Rule/Statutory Violations

Ms. White-Schellenberger was in compliance with the licensing act and applicable administrative rules at the time of licensure.

IV. RECOMMENDATION

I recommend issuance of a six-month temporary license to Hylane Home, a small group home with a capacity of **five (5)**.

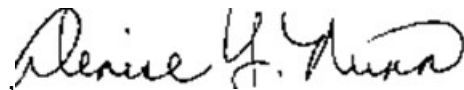


08/08/2025

Sara Shaughnessy
Licensing Consultant

Date

Approved By:



08/15/2025

Denise Y. Nunn
Area Manager

Date