



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

May 8, 2026

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 Mrs Badoni:

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 will be renewed. 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) 335-5985.

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

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

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/29/2026

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 05/08/2026

No. of staff interviewed and/or observed 8
No. of residents interviewed and/or observed 23
No. of others interviewed 1 Role Residents' family member

- 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 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: 04/09/2025 2025A1027045 1932(2)
- 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

05/08/2026

Licensing Consultant

Date