GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 3, 2026

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

RE: License #: AS630015384
Maxwell Home
2809 Saddlewood
W Bloomfield Twp, MI 48324

Dear Mrs White-Schellenberger:

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.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 972-9136.

Sincerely,

Sara Shaughnessy, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 320-3721

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

I. IDENTIFYING INFORMATION

License #:	AS630015384
Licensee Name:	Angels' Place
Licensee Address:	Suite 2 29299 Franklin Road Southfield, MI 48034
Licensee Telephone #:	(248) 350-2203
Licensee/Licensee Designee:	Shannon White-Schellenberger
Administrator:	Shannon White-Schellenberger
Name of Facility:	Maxwell Home
Facility Address:	2809 Saddlewood W Bloomfield Twp, MI 48324
Facility Telephone #:	(248) 360-1497
Original Issuance Date:	11/15/1994
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/02/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Environmental/Health Inspection if applicable: 02/23/2026

No. of staff interviewed and/or observed 2
No. of residents interviewed and/or observed 2
No. of others interviewed 3 Role: Administration

- 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.
  The onsite inspection did not take place during a mealtime. An adequate amount of nutritious foods was
- 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:
  N/A ☒
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:	
R 400.647	**Safety and maintenance of premises.**
	(14) Handrails and nonskid surfacing must be installed in showers and bath areas.
The bathroom off of Resident C's bathroom does not have an attached handrail.	
R 400.675	**Resident medications.**
	(4) A licensee, administrator, or direct care staff shall comply with the following when supervising the taking of medication by a resident: **(b) Complete an individual medication log that contains all of the following:** **(i) Medication name.** **(ii) Dosage.** **(iii) Label instructions for use.** **(iv) Time to be administered.** **(v) Initials of the individual who administered the medication at the time given.** **(vi) Resident's refusal to accept prescribed medication or procedures at time of refusal.**

Resident A has a prescription for Certavite-antioxidant multi-vitamin, take one tablet by mouth every day. This was not initialed as having been administered on 04/03/26, 04/04/26, 04/11/26, 04/18/26, 04/25/26 and 4/26/26.

Resident A has a prescription for citrus calcium 200-vitamin D3, take two tablets by mouth twice daily. It was not initialed as having been administered on 04/02/2026 or 04/16/2026 for the evening doses.

Resident A has a prescription for lisinopril 30 mg tablet, take one tablet by mouth daily. This was not initialed as having been administered on 04/25/26 and 04/26/26.

Resident A has a prescription for methenamine hipp 1gm tablet, take ½ tablet by mouth every day. This was not initialed as having been administered on 04/25/26 and 04/26/26.

Resident A has a prescription for polyethylene glycol 3350, dissolve 17 grams in 4-8 ounces of water and drink every day. This was not initialed as having been administered on 04/25/26 and 04/26/26.

Resident A has a prescription for timolol maleate .5% instill one drop in right eye every morning. This was not initialed as having been administered on 04/25/26 and 04/26/26.

Resident B has a prescription for loratadine 10 mg tablet, take one tablet by mouth every day. This was not initialed as having been administered on 05/17/26.

Resident B has a prescription for Tab-A-Vite multivitamin, take one tablet by mouth every day. This was not initialed as having been administered on 05/17/26 and 05/30/26.

Resident B has a prescription for tamsulosin HCL .4mg capsules, take one capsule by mouth every day. This was not initialed as having been administered on 05/22/26.

Resident B has a prescription for vitamin D3 125 mcg capsule, take one capsule by mouth every day. This was not initialed as having been administered on 05/17/26 and 05/30/26.

R 400.723	**Fire extinguishers.**
	(2) Fire extinguishers must be examined and maintained as recommended by the manufacturer.

The gauge on the fire extinguisher, located on the lower level, near the heating plant, indicated it needed to be serviced.	
R 400.619	**Emergency preparedness plan.**
	8) A licensee shall practice the emergency preparedness plan, including the fire safety plan, at least once a quarter per calendar year during each shift, 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. A record of the practices must be maintained for 2 years.
There is no documentation indicating a fire drill was completed for the third shift during the first and second quarters of 2025 and the fourth quarter of 2024.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

06/03/2026

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Sara Shaughnessy Date
Licensing Consultant