



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

October 12, 2022

Ronald Paradowicz  
Courtyard Manor of Wixom Inc  
Suite 127  
3275 Martin  
Walled Lake, MI 48390

RE: License #: AL630007335  
**Courtyard Manor of Wixom I**  
**48578 Pontiac Trail**  
**Wixom, MI 48393**

Dear Mr. Paradowicz:

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 and special certification 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, LCSW  
Adult Foster Care Licensing Consultant  
Bureau of Community and Health Systems  
Department of Licensing and Regulatory Affairs  
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**MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
BUREAU OF COMMUNITY AND HEALTH SYSTEMS  
RENEWAL INSPECTION REPORT**

**I. IDENTIFYING INFORMATION**

**License #:** AL630007335

**Licensee Name:** Courtyard Manor of Wixom Inc

**Licensee Address:** Suite 127  
3275 Martin  
Walled Lake, MI 48390

**Licensee Telephone #:** (248) 926-2920

**Licensee Designee:** Ronald Paradowicz

**Administrator:** Serenity Brain

**Name of Facility:** Courtyard Manor of Wixom I

**Facility Address:** 48578 Pontiac Trail  
Wixom, MI 48393

**Facility Telephone #:** (248) 669-5263

**Original Issuance Date:** 07/26/1988

**Capacity:** 20

**Program Type:** MENTALLY ILL  
AGED

**Certified Programs:** MENTALLY ILL

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 10/06/2022  
Date of Bureau of Fire Services Inspection if applicable: 5/31/2022  
Date of Environmental/Health Inspection if applicable: 7/11/2022  
No. of staff interviewed and/or observed 4  
No. of residents interviewed and/or observed 10  
No. of others interviewed 1 Role: Administrator

- 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.
- 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 determined to be in substantial compliance with rules and requirements.

#### IV. RECOMMENDATION

I recommend issuance of a regular license and special certification to this AFC adult large group home (capacity 13-20).



10/12/2022

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Stephanie Gonzalez  
Licensing Consultant

Date