



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

June 17, 2024

Ronald Paradowicz  
Courtyard Manor Farmington Hills Inc  
Suite 127  
3275 Martin  
Walled Lake, MI 48390

RE: License #: AL630007353  
**Courtyard Manor Farmington Hills III**  
**29770 Farmington Road**  
**Farmington Hills, MI 48334**

Dear Ronald 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 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 "Frodet Dawisha".

Frodet Dawisha, Licensing Consultant  
Bureau of Community and Health Systems  
3026 W. Grand Blvd, Ste 9-100  
Detroit, MI 48202  
(248) 303-6348

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630007353
<b>Licensee Name:</b>	Courtyard Manor Farmington Hills Inc
<b>Licensee Address:</b>	Suite 127 3275 Martin Walled Lake, MI 48390
<b>Licensee Telephone #:</b>	(248) 926-2920
<b>Licensee/Licensee Designee:</b>	Ronald Paradowicz
<b>Administrator:</b>	James Cubr
<b>Name of Facility:</b>	Courtyard Manor Farmington Hills III
<b>Facility Address:</b>	29770 Farmington Road Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 539-0104
<b>Original Issuance Date:</b>	08/11/1994
<b>Capacity:</b>	20
<b>Program Type:</b>	AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/16/2024

Date of Bureau of Fire Services Inspection if applicable: 05/03/2024

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 18

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 2-year regular adult foster care license.



06/17/2024

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Frodet Dawisha  
Licensing Consultant

Date