



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 9, 2024

LeeAnn Pennington
Mercy Services for Aging
873 W Avon Rd.
Rochester Hills, MI 48307

RE: License #: AL630299636
Mercy Bellbrook/Frances Warde
873 W. Avon Road
Rochester Hills, MI 48307

Dear Ms. Pennington:

Attached is the Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and rules. Your Adult Foster Care large group home license is renewed. The license 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 "Johnna Cade".

Johnna Cade, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-302-2409

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

I. IDENTIFYING INFORMATION

License #:	AL630299636
Licensee Name:	Mercy Services for Aging
Licensee Address:	873 W Avon Rd. Rochester Hills, MI 48307
Licensee Telephone #:	(248) 656-6300
Licensee Designee:	LeeAnn Pennington
Administrator:	Diane Scherer-Alexander
Name of Facility:	Mercy Bellbrook/Frances Warde
Facility Address:	873 W. Avon Road Rochester Hills, MI 48307
Facility Telephone #:	(248) 656-6306
Original Issuance Date:	02/18/2010
Capacity:	17
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/08/2024

Date of Bureau of Fire Services Inspection if applicable: 07/21/2023

Date of Health Authority Inspection if applicable: n/a

No. of staff interviewed and/or observed

3

No. of residents interviewed and/or observed

14

No. of others interviewed 2 Role: Admin & Licensee Designee

- 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.



08/09/2024

Johnna Cade
Licensing Consultant

Date