



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

October 29, 2024

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

RE: License #: AL630007351  
**Courtyard Manor Farmington Hills I**  
**29750 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.  
Cadillac Place, 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>	AL630007351
<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>	Jim Cubr
<b>Name of Facility:</b>	Courtyard Manor Farmington Hills I
<b>Facility Address:</b>	29750 Farmington Road Farmington Hills, MI 48334
<b>Facility Telephone #:</b>	(248) 539-0104
<b>Original Issuance Date:</b>	01/19/1993
<b>Capacity:</b>	20
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL AGED ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/29/2024

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 5

No. of residents interviewed and/or observed 20

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.



10/29/2024

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Frodet Dawisha  
Licensing Consultant

Date