



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

January 29, 2025

Steven Percoco  
5843 Ridge Road  
Stevensville, MI 49127

RE: License #: AS110418169  
**Serene Ridge Adult Foster Care**  
**5843 Ridge Road**  
**Stevensville, MI 49127**

Dear Mr. Percoco:

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. If I am not available and you need to speak to someone immediately, you may contact the local office at (616) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Rodney Gill".

Rodney Gill, Licensing Consultant  
Bureau of Community and Health Systems  
Unit 13, 7th Floor  
350 Ottawa, N.W.  
Grand Rapids, MI 49503  
(517)980-1433  
[gillr@michigan.gov](mailto:gillr@michigan.gov)

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

**I. IDENTIFYING INFORMATION**

**License #:** AS110418169

**Licensee Name:** Steven Percoco

**Licensee Address:** 5843 Ridge Road  
Stevensville, MI 49127

**Licensee Telephone #:** (269) 235-1839

**Licensee:** Steven Percoco

**Administrator:** Steven Percoco

**Name of Facility:** Serene Ridge Adult Foster Care

**Facility Address:** 5843 Ridge Road  
Stevensville, MI 49127

**Facility Telephone #:** (269) 235-1839

**Original Issuance Date:** 08/20/2024

**Capacity:** 4

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/28/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 2

No. of others interviewed 2 Role: family members

- 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.  
No Incident Report(s) to review.
- 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**

The facility is in compliance with all applicable rules and statutes.

**IV. RECOMMENDATION**

I recommend issuance of a regular license to this AFC adult small group home (capacity 1-6).



1/29/25

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Rodney Gill  
Licensing Consultant

Date