



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 22, 2025

Nanette Schwentor  
Serenity Senior Living, LLC  
3146 Vincent Rd  
Clyde, MI 48049

RE: License #: AS740293119  
Serenity Senior Living, LLC  
3146 Vincent Rd  
Clyde, MI 48049

Dear Nanette Schwentor:

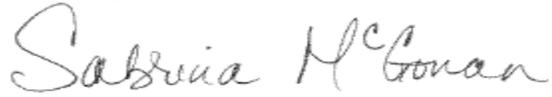
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (517) 643-7960.

Sincerely,

A handwritten signature in cursive script that reads "Sabrina McGowan". The signature is written in black ink and is positioned below the word "Sincerely,".

Sabrina McGowan, Licensing Consultant  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(810) 835-1019

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

**I. IDENTIFYING INFORMATION**

**License #:** AS740293119

**Licensee Name:** Serenity Senior Living, LLC

**Licensee Address:** 3146 Vincent Rd  
Clyde, MI 48049

**Licensee Telephone #:** (810) 531-5436

**Licensee/Licensee Designee:** Nanette Schwentor

**Administrator:** Nanette Schwentor

**Name of Facility:** Serenity Senior Living, LLC

**Facility Address:** 3146 Vincent Rd  
Clyde, MI 48049

**Facility Telephone #:** (810) 985-9077

**Original Issuance Date:** 03/17/2009

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
AGED  
ALZHEIMERS

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/17/2025

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

Date of Health Authority Inspection if applicable: 09/11/2025

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: Licensee

- 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:  
10/09/2023-R208(1)e, R301(1), R310(3), R312(1), R312(4)(b), R313(4),  
R315(3), R403(6). N/A
- Number of excluded employees followed-up? 1. Nichole H.-05/31/2024 N/A
- Variances? Yes  (please explain) No  N/A

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was found to be in non-compliance with the following rules:

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

**(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.**

Resident health care assessment was not completed on a department health care appraisal form.

**R 400.14306      Use of assistive devices.**

**(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.**

Resident bed has grab bars used to assist with getting out of bed. There is no authorization for use by a licensed physician.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

*Sabrina McGowan*

September 22, 2025

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Sabrina McGowan  
Licensing Consultant

Date