



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 25, 2026

James Cubr
Courtyard Manor of Swartz Creek, Inc.
3275 Martin Rd Ste 127
Commerce Twp, MI 48390

RE: License #:	AL250345337 Courtyard Manor of Swartz Creek 8240 Miller Road Swartz Creek, MI 48473
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Dear James Cubr:

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 (517) 335-5985.

Sincerely,

Martin Gonzales, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AL250345337
Licensee Name:	Courtyard Manor of Swartz Creek, Inc.
Licensee Address:	3275 Martin Rd Ste 127 Commerce Twp, MI 48390
Licensee Telephone #:	(248) 926-2920
Licensee/Licensee Designee:	James Cubr
Administrator:	Jacqueline Casemore
Name of Facility:	Courtyard Manor of Swartz Creek
Facility Address:	8240 Miller Road Swartz Creek, MI 48473
Facility Telephone #:	(810) 630-1063
Original Issuance Date:	10/01/2013
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/24/2026

Date of Bureau of Fire Services Inspection if applicable: 07/16/2025

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 18

No. of residents interviewed and/or observed 15

No. of others interviewed 3 Role: [REDACTED]

- 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? 2 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 regular license to this AFC adult large group home (capacity 13-20).



03/25/2026

Martin Gonzales Licensing Consultant	Date
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