GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 23, 2026

Estera Bercea
21500 NORMANDALE ST
BEVERLY HILLS, MI 48025

RE: License #: AF630419861
Beverly Senior Retreat
21500 Normandale St
Beverly Hills, MI 48025

Dear Ms. Bercea:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

- An on-site inspection will be conducted.

A six-month provisional license is recommended. If you do not contest the issuance of a provisional license, you must indicate so in writing; this may be included in your corrective action plan or in a separate document. If you contest the issuance of a provisional license, you must notify this office in writing and an administrative hearing will be scheduled. Even if you contest the issuance of a provisional license, you must still submit an acceptable corrective action plan in 15 days.

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) 972-9136.

Sincerely,

Sara Shaughnessy, MA
Adult Foster Care Licensing Consultant
Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Cadillac Place
3026 W. Grand Blvd. Ste 9-100
Detroit, MI 48202
Phone: 248-320-3721

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

I. IDENTIFYING INFORMATION

License #:	AF630419861
Licensee Name:	Estera Bercea
Licensee Address:	21500 NORMANDALE ST BEVERLY HILLS, MI 48025
Licensee Telephone #:	(602) 369-3290
Licensee/Licensee Designee:	N/A
Administrator:	
Name of Facility:	Beverly Senior Retreat
Facility Address:	21500 Normandale St Beverly Hills, MI 48025
Facility Telephone #:	(602) 369-3290
Original Issuance Date:	12/18/2025
Capacity:	6
Program Type:	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/17/2026

Date of Bureau of Fire Services Inspection if applicable: NA

Date of Health Authority Inspection if applicable: NA

No. of staff interviewed and/or observed 0
No. of residents interviewed and/or observed 0
No. of others interviewed 0 Role: 0

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain. Not evaluated due to no residents in care.
- Medication(s) and medication record(s) reviewed? Yes ☐ No ☒ If no, explain. Not reviewed due to no residents in care.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. Not reviewed due to no residents in care.
- Meal preparation / service observed? Yes ☐ No ☒ If no, explain. Not evaluated due to no residents in care.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain. Not reviewed due to no residents in care.
- Fire safety equipment and practices observed? Yes ☒ No ☐ If no, explain. Viewed evacuation plan, emergency practices, fire extinguisher, and smoke alarm system.
- 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. Not reviewed due to no residents in care.
- 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 found to be in non-compliance with the following rules:

R 400.627	**Licensee and administrator training requirements.**
	(**2) A licensee and administrator shall complete the department training titled "AFC New Provider Training" within 6 months of the initial license being issued or within 6 months of being hired as applicable. If an individual has documentation of completing this training previously, they are not required to take this training again**.
The licensee has not completed the training titled, “AFC New Provider Training” within six months of the initial license being issued. The license was approved on 12/18/2025.	
R 400.691	**Resident Records**
	(1) A licensee shall complete and maintain a separate record for each resident that includes all of the following: **(a) Personal information including all of the following:** **(i) Resident's full name.** **(ii) Social Security number.** **(iii) Date of birth.** **(iv) Marital status.** **(v) Veteran's status.** **(vi) Gender identity.** **(vii) Former address.** **(viii) Name, address, and contact information of identified contact or designated representative.** **(ix) Name, address, and contact information of the person and agency responsible for the resident's placement in the facility.** **(x) Funeral provisions, preferences, and contact information.** **(xi) Resident's religious preference.** **(b) Date of admission.** **(c) Date of discharge and address to where the resident moved.** **(d) Health care information including all of the following:** **(i) Health care appraisals.** **(ii) Medication administration record.** **(iii) Name, address, and contact information of the preferred health care professional and hospital.** **(iv) Medical insurance.**

	(v) Statements and instructions for supervising prescribed medication including dietary supplements and medical procedures. **(vi) Instructions for emergency care and advanced medical directives.** **(e) Resident care agreement.** **(f) Assessment plan.** **(g) Admission and monthly weight record.** **(h) Incident reports.** **(i) Resident funds and valuables record and resident refund agreement.** **(j) Resident grievances.** **(k) Resident discharge notice.** **(2) A resident's grievance must be maintained and include the nature of the grievance, the date of the grievance, and a statement indicating how the grievance was addressed.** **(3) Resident records must be kept on file in the facility for 2 years after the date of resident discharge unless a shorter retention is specified elsewhere in these rules**
The licensee does not have any residents in care, therefore, resident records were not able to be reviewed.	

A corrective action plan was requested and approved on 06/17/2026. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

IV. RECOMMENDATION

I recommend modification of the current status of the license to provisional.

06/18/2026

Sara Shaughnessy — Date
Licensing Consultant

Approved by:

06/23/2026

Ardra Hunter — Date
Area Manager