



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

October 8, 2021

Aida Moussa
My Doctors Inn
8384 Metropolitan Parkway
Sterling Heights, MI 48312

RE: License #: AH500386237
My Doctors Inn
8384 Metropolitan Parkway
Sterling Heights, MI 48312

Dear Ms. Moussa:

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, effective 10/01/21 – 09/30/22. It is valid only at your present address and is nontransferable.

Please review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500386237
Licensee Name:	MDI Sterling Heights, LLC
Licensee Address:	4000 Town Center Southfield, MI 48075
Licensee Telephone #:	(248) 262-2357
Authorized Representative:	Aida Moussa
Administrator:	Rebecca Holland
Name of Facility:	My Doctors Inn
Facility Address:	8384 Metropolitan Parkway Sterling Heights, MI 48312
Facility Telephone #:	(586) 838-5900
Original Issuance Date:	03/30/2017
Capacity:	101
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/08/21

Date of Bureau of Fire Services Inspection if applicable: 4/26/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 10/08/21

No. of staff interviewed and/or observed 6

No. of residents interviewed and/or observed 34

No. of others interviewed 1 Role Resident's family member

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No funds held for residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: 2021A1027014 01/21/21 1921(1)
- Number of excluded employees followed up? 1 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

10/8/21

Licensing Consultant

Date