



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

November 3, 2021

Amie Pagano  
Suncrest Adult Care Home  
1930 N. Hickory Ridge Rd.  
Highland, MI 48357

RE: License #: AS630337237  
**Suncrest Adult Care Home**  
**1930 N Hickory Ridge**  
**Highland, MI 48357**

Dear Ms. Pagano:

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 (248) 975-5053.

Sincerely,

A handwritten signature in blue ink, appearing to read "K. Lewis".

Kenyatta Lewis, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342  
(248) 296-2078



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

**I. IDENTIFYING INFORMATION**

**License #:** AS630337237

**Licensee Name:** Suncrest Adult Care Home

**Licensee Address:** 1930 N. Hickory Ridge Rd.  
Highland, MI 48357

**Licensee Telephone #:** (248) 207-5378

**Licensee/Licensee Designee:** Amie Pagano

**Administrator:** Amie Pagano

**Name of Facility:** Suncrest Adult Care Home

**Facility Address:** 1930 N Hickory Ridge  
Highland, MI 48357

**Facility Telephone #:** (248) 573-7057

**Original Issuance Date:** 05/08/2013

**Capacity:** 6

**Program Type:** PHYSICALLY HANDICAPPED  
ALZHEIMERS  
AGED

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 11/02/2021

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

Date of Health Authority Inspection if applicable: 10/29/2021

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2  
No. of residents interviewed and/or observed 4  
No. of others interviewed 0 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:  
Corrective Action Plan: 10/22/2019, Rule: 203(1), Rule 204(3)(b)(c), Rule 205(2)(3)(4), 208(1)(f), 312(4)(b)(c), Rule 401(2) 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 determined to be in substantial compliance with rules and requirements.

### IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



11/03/2021

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Kenyatta Lewis  
Licensing Consultant

Date