



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

April 28, 2023

Megan Fry  
MCAP DeWitt Opco, LLC  
Suite 115  
21800 Haggerty Road  
Northville, MI 48167

RE: License #: AM190404598  
**Serene Gardens of DeWitt 1**  
**1177 Solon Road**  
**DeWitt, MI 48820**

Dear Ms. Fry:

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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, 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**

<b>License #:</b>	AM190404598
<b>Licensee Name:</b>	MCAP DeWitt Opco, LLC
<b>Licensee Address:</b>	Suite 115 21800 Haggerty Road Northville, MI 48167
<b>Licensee Telephone #:</b>	(517) 484-6980
<b>Licensee Designee:</b>	Megan Fry
<b>Administrator:</b>	Megan Fry
<b>Name of Facility:</b>	Serene Gardens of DeWitt 1
<b>Facility Address:</b>	1177 Solon Road DeWitt, MI 48820
<b>Facility Telephone #:</b>	(517) 484-6980
<b>Original Issuance Date:</b>	11/02/2020
<b>Capacity:</b>	12
<b>Program Type:</b>	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 04/21/2023

Date of Bureau of Fire Services Inspection if applicable: 10/20/2022

Date of Health Authority Inspection if applicable: 04/10/2023

No. of staff interviewed and/or observed 3  
No. of residents interviewed and/or observed 12  
No. of others interviewed 0 Role:

- 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:  
8/17/2022, 303 (2) N/A ☐
- Number of excluded employees followed-up? N/A ☒
- Variances? Yes ☐ (please explain) No ☐ N/A ☒

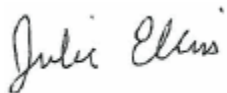
### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

This facility was determined to be in substantial compliance with rules and requirements.

The facility is in compliance with all applicable rules and statutes.

### IV. RECOMMENDATION

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



04/28/2023

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Julie Elkins  
Licensing Consultant

Date