

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

March 27, 2024

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

RE: License #:	AL250345346
	Courtyard Manor of Fenton
	2205 N Long Lake Road
	Fenton, MI 48430

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) 284-9730.

Sincerely,

Mark Cough

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 #:	AL250345346
Licensee Name:	Courtyard Manor of Fenton, Inc.
Licensee Address:	3275 Martin Rd Ste 127
	Commerce Twp, MI 48390
	
Licensee Telephone #:	(248) 926-2920
	James Cubr
Licensee/Licensee Designee:	
Administrator:	Tonia Hiske
Name of Facility:	Courtyard Manor of Fenton
•	
Facility Address:	2205 N Long Lake Road
	Fenton, MI 48430
Facility Telephone #:	(810) 629-0385
	40/04/0040
Original Issuance Date:	10/01/2013
Capacity:	20
	20
Program Type:	PHYSICALLY HANDICAPPED
	DEVELOPMENTALLY DISABLED
	AGED
	ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s):	03/15/2024		
Date of Bureau of Fire Services Inspection if app	licable: 09/06/2023		
Date of Health Authority Inspection if applicable:	11/20/2023		
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed 0 Role:	4 16		
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 X No I If no, explain. Meal preparation / service observed? Yes X No I 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 X No I 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).

Mark Coughs

03/27/2024

Martin Gonzales	Date
Licensing Consultant	