



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 13, 2024

Jordan Shepler
Serenity Adult Foster Care
2883 S 41 Rd
Cadillac, MI 49601

RE: License #: AL830272541
Serenity Adult Foster Care
2883 S 41 Rd
Cadillac, MI 49601

Dear Mr. Shepler:

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 and special certification 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 (616) 356-0183.

Sincerely,

A handwritten signature in cursive script, appearing to read "Bruce A. Messer".

Bruce A. Messer, Licensing Consultant
Bureau of Community and Health Systems
701 S. Elmwood
Traverse City, MI 49684
(231) 342-4939

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

I. IDENTIFYING INFORMATION

License #:	AL830272541
Licensee Name:	Serenity Adult Foster Care
Licensee Address:	2883 S 41 Rd Cadillac, MI 49601
Licensee Telephone #:	(231) 920-8471
Licensee Designee:	Jordan Shepler
Administrator:	Jordan Shepler
Name of Facility:	Serenity Adult Foster Care
Facility Address:	2883 S 41 Rd Cadillac, MI 49601
Facility Telephone #:	(231) 876-1956
Original Issuance Date:	04/28/2005
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED
Certified Programs:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/12/2024
Date of Bureau of Fire Services Inspection if applicable: 03/20/2024
Date of Health Authority Inspection if applicable: 03/06/2024
No. of staff interviewed and/or observed 4
No. of residents interviewed and/or observed 8
No. of others interviewed 1 Role: ORR

- 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: N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes (please explain) No N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

On June 12, 2024, I conducted an exit conference with Licensee Designee Jordan Shepler. I explained my finding as noted above. Mr. Shepler stated he understood and that he had no additional information to provide, or questions to ask, concerning this renewal inspection.

IV. RECOMMENDATION

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



June 13, 2024

Bruce A. Messer
Licensing Consultant

Date