



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

August 15, 2024

Ronald Paradowicz
Courtyard Manor of Wixom Inc
Suite 127
3275 Martin
Walled Lake, MI 48390

RE: License #: AL630007340
Courtyard Manor of Wixom III
48578 Pontiac Trail
Wixom, MI 48393

Dear Mr. Paradowicz:

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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Stephanie Gonzalez".

Stephanie Gonzalez, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(517) 243-6063

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

I. IDENTIFYING INFORMATION

License #: AL630007340

Licensee Name: Courtyard Manor of Wixom Inc

Licensee Address: Suite 127
3275 Martin
Walled Lake, MI 48390

Licensee Telephone #: (248) 926-2920

Licensee/Licensee Designee: Ronald Paradowicz

Administrator: Serenity Brain

Name of Facility: Courtyard Manor of Wixom III

Facility Address: 48578 Pontiac Trail
Wixom, MI 48393

Facility Telephone #: (248) 669-5263

Original Issuance Date: 12/27/1991

Capacity: 20

Program Type: DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED
ALZHEIMERS

Certified Programs: DEVELOPMENTALLY DISABLED
MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/15/2024

Date of Bureau of Fire Services Inspection if applicable: 6/13/2024

Date of Health Authority Inspection if applicable: 4/17/2024

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 5

No. of others interviewed 1 Role: Administrator

- 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

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.



8/15/2024

Stephanie Gonzalez
Licensing Consultant

Date