



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 4, 2024

Cynthia Tovey
Beechwood Manor Inc.
24600 Greater Mack
St. Clair Shores, MI 48080

RE: License #: AH500236755
Beechwood Manor Inc.
24600 Greater Mack
St. Clair Shores, MI 48080

Dear Ms. Tovey:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender d. Howard".

Brender Howard, Licensing Staff
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(313) 268-1788

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AH500236755
Licensee Name:	Beechwood Manor Inc.
Licensee Address:	24600 Greater Mack St. Clair Shores, MI 48080
Licensee Telephone #:	(248) 879-1994
Authorized Representative/Administrator:	Cynthia Tovey
Name of Facility:	Beechwood Manor Inc.
Facility Address:	24600 Greater Mack St. Clair Shores, MI 48080
Facility Telephone #:	(586) 773-5950
Original Issuance Date:	08/01/1999
Capacity:	98
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/04/2024

Date of Bureau of Fire Services Inspection if applicable: 10/25/2023, 12/12/2023

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 06/04/2024

No. of staff interviewed and/or observed 10

No. of residents interviewed and/or observed 41

No. of others interviewed 2 Role Resident's family member.

- Medication pass / simulated pass observed? Yes No If no, explain.
- Medication(s) and medication records(s) reviewed? Yes No If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes No If no, explain. No funds held for the residents.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on policy and procedures.
- Water temperatures checked? Yes No If no, explain.
- Incident report follow-up? Yes IR date/s: N/A
- Corrective action plan compliance verified? Yes CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? 0 N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

06/05/2024

Licensing Consultant

Date