



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

February 28, 2025

Nimmy Cherian
Serenity At Walnut Creek
14666 Elrond Dr
Sterling Heights, MI 48313

RE: License #: AS500418238
Serenity At Walnut Creek
49228 Walnut Creek Dr
Macomb, MI 48044

Dear Ms. Cherian:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.
- Specific dates for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the licensee or licensee designee or home for the aged authorized representative and a date.

Upon receipt of an acceptable corrective plan, a regular license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AS500418238
Licensee Name:	Serenity At Walnut Creek
Licensee Address:	14666 Elrond Dr Sterling Heights, MI 48313
Licensee Telephone #:	(586) 229-3889
Licensee/Licensee Designee:	Nimmy Cherian
Administrator:	Nimmy Cherian
Name of Facility:	Serenity At Walnut Creek
Facility Address:	49228 Walnut Creek Dr Macomb, MI 48044
Facility Telephone #:	(586) 846-3138
Original Issuance Date:	08/28/2024
Capacity:	6
Program Type:	AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 02/28/2025

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: LD/Administrator

- Medication pass / simulated pass observed? Yes ☐ No ☒ If no, explain.
Reviewed medication passing procedures with licensee.
- 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.
Inspection did not occur during a meal preparation.
- 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 found to be in non-compliance with the following rules:

R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(3) A licensee shall maintain, in the home, and make available for department review, a statement that is signed by a licensed physician or his or her designee attesting to the physician's knowledge of the physical health of direct care staff, other employees, and members of the household. The statement shall be obtained within 30 days of an individual's employment, assumption of duties, or occupancy in the home.
I reviewed employee files during the onsite inspection. Staff, Demetria Griggs, did not have a medical statement in employee file. Staff, Angelie Escudero, did not have a medical statement obtained within 30 days of employment. Ms. Escudero has worked at the home since it became licensed in August 2024. Her medical statement was dated 01/10/2025.	
R 400.14205	Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.
	(5) A licensee shall obtain written evidence, which shall be available for department review, that each direct care staff, other employees, and members of the household have been tested for communicable tuberculosis and that if the disease is present, appropriate precautions shall be taken as required by state law. Current testing shall be obtained before an individual's employment, assumption of duties, or occupancy in the home. The results of subsequent testing shall be verified every 3 years thereafter or more frequently if necessary.
I reviewed employee files during the onsite inspection. Staff, Angelie Escudero, did not have a current TB test. Her TB test was dated 06/13/2020.	
R 400.14207	Required personnel policies.
	(3) A licensee shall have a written job description for each position. The job description shall define the tasks, duties, and responsibilities of the position. Each employee and volunteer

	who is under the direction of the licensee shall receive a copy of his or her job description. Verification of receipt of a job description shall be maintained in the individual's personnel record.
I reviewed employee files during the onsite inspection. Staff, Demetria Griggs and Angelie Escudero, did not have verification of receipt of job descriptions in employee files.	
R 400.14315	Handling of resident funds and valuables.
	(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.
I reviewed resident files during the onsite inspection. Resident A did not have a Funds Part 1 form in file. Licensee completed Funds Part 1 form during onsite inspection. Resident B's Funds Part 1 form indicated that licensee is managing checking account. Licensee indicated that they are not managing a checking account for Resident B. Licensee corrected Funds Part 1 form during onsite inspection.	
R 400.14401	Environmental health.
	(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.
During the onsite inspection, I measured the water temperature with a digital thermometer. The water temperature was found to be as high as 123.6 degrees Fahrenheit.	

IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Kristine Cilluffo

02/28/2025

Date

Licensing Consultant