



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

March 28, 2025

Yogarajah Saverus
Serenity Shore Assisted Living Facility, LLC
3955 Rose Drive
Berrien Springs, MI 49103

RE: License #: AL110366288
Serenity Shore Assisted Living Facility
1883 W. Glenlord Road
Stevensville, MI 49127

Dear Mr. Saverus:

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. If 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 that reads "Rodney Gill".

Rodney Gill, Licensing Consultant
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503

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

I. IDENTIFYING INFORMATION

License #:	AL110366288
Licensee Name:	Serenity Shore Assisted Living Facility, LLC
Licensee Address:	3955 Rose Drive Berrien Springs, MI 49103
Licensee Telephone #:	(126) 927-7097
Licensee Designee:	Yogarajah Saverus
Administrator:	Yogarajah Saverus
Name of Facility:	Serenity Shore Assisted Living Facility
Facility Address:	1883 W. Glenlord Road Stevensville, MI 49127
Facility Telephone #:	(269) 408-8547
Original Issuance Date:	10/27/2014
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED DEVELOPMENTALLY DISABLED MENTALLY ILL AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 03/25/2025

Date of Bureau of Fire Services Inspection if applicable: 10/15/24

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed

4

No. of residents interviewed and/or observed

15

No. of others interviewed

0

Role:

- 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.

IV. RECOMMENDATION

I recommend issuance of a regular license to this AFC adult large group home (capacity 13-20).



3/28/25

Rodney Gill
Licensing Consultant

Date