



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

May 11, 2026

Tonya Carter  
Encore McHenry  
Suite 710  
230 West Monroe  
Chicago, IL 60606

RE: License #: AL630417057  
**The Courtyard at Auburn Hills 1**  
**3033 N. Squirrel Rd.**  
**Auburn Hills, MI 48326**

Dear Ms. Carter:

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. In the event that I am not available and you need to speak to someone immediately, you may contact the local office at (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Berry".

Cindy Berry, Licensing Consultant  
Bureau of Community and Health Systems  
Cadillac Place  
3044 West Grand Blvd  
2<sup>nd</sup> Floor Annex, Suite 2-730  
Detroit, MI 48202  
(248) 860-4475

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AL630417057
<b>Licensee Name:</b>	Encore McHenry
<b>Licensee Address:</b>	Suite 710 230 West Monroe Chicago, IL 60606
<b>Licensee Telephone #:</b>	(586) 254-5719
<b>Licensee Designee:</b>	Tonya Carter
<b>Administrator:</b>	Tonya Carter
<b>Name of Facility:</b>	The Courtyard at Auburn Hills 1
<b>Facility Address:</b>	3033 N. Squirrel Rd. Auburn Hills, MI 48326
<b>Facility Telephone #:</b>	(248) 340-9296
<b>Original Issuance Date:</b>	11/13/2023
<b>Capacity:</b>	20
<b>Program Type:</b>	PHYSICALLY HANDICAPPED AGED ALZHEIMERS

**II. METHODS OF INSPECTION**

Date of On-site Inspection(s): 05/07/2026

Date of Bureau of Fire Services Inspection if applicable: 02/11/2026

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 6

No. of others interviewed 0 Role: N/A

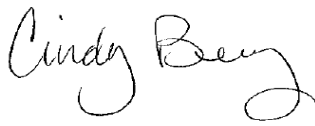
- Medication pass / simulated pass observed? Yes  No  If no, explain.
- Medication(s) and medication record(s) reviewed? Yes  No  If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes  No  If no, explain.
- Meal preparation / service observed? Yes  No  If no, 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:  
CAP dated 11/01/2024 - R 400 204(3)(b), 301(4), 301(10), 312(1), 312(3), 403(2)  
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.



5/11/2026

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Cindy Berry  
Licensing Consultant

Date