GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 11, 2026

Brandon Gadberry
Serenity House Residential Care Services LLC
21838 Van K Drive
Grosse Pointe Woods, MI 48236

RE: Application #: AS250419758
Serenity House- Sierra Pass
6084 Sierra Pass
Flint, MI 48532

Dear Brandon Gadberry:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license and special certification for mentally ill and/or developmentally disabled with a maximum capacity of 6 is issued.

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 contact the local office at (517) 643-7960.

Sincerely,

Cynthia Badour

Cynthia Badour, Licensing Consultant
Bureau of Community and Health Systems
411 Genesee
P.O. Box 5070
Saginaw, MI 48605
(517) 648-8877

enclosure

MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS
LICENSING STUDY REPORT

I. IDENTIFYING INFORMATION

License #:	AS250419758
Applicant Name:	Serenity House Residential Care Services LLC
Applicant Address:	21838 Van K Drive Grosse Pointe Woods, MI 48236
Applicant Telephone #:	(313) 587-0861
Administrator/Licensee Designee:	Brandon Gadberry
Name of Facility:	Serenity House- Sierra Pass
Facility Address:	6084 Sierra Pass Flint, MI 48532
Facility Telephone #:	(313) 587-0861
Application Date:	07/17/2025
Capacity:	6
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL
Special Certification:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODOLOGY

07/17/2025	Enrollment
07/17/2025	PSOR on Address Completed
07/24/2025	Contact - Document Sent 1326 sent to be signed
08/04/2025	Contact - Document Received signed forms rec'd
08/13/2025	Application Incomplete Letter Sent
03/02/2026	Application Complete/On-site Needed
03/24/2026	Inspection Completed On-site
03/24/2026	Inspection Completed-BCAL Sub. Compliance
04/20/2026	Application Incomplete Letter Sent
06/08/2026	SC-Application Received - Original MI & DD
06/10/2026	PSOR on Address Completed No hits
06/10/2026	Inspection Completed On-site Documentation Received/Virtual
06/10/2026	Inspection Completed-BCAL Full Compliance
06/10/2026	Recommend License Issuance
06/10/2026	SC-Recommend MI and DD

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

Serenity House Sierra Pass is located at 6084 Sierra Pass in Flint Township. It is a two-story colonial brick home built in 1964 and located in the Western Hills 2 residential subdivision. The home is owned by Sierra REI Holdings LLC, and Serenity Homes Residential Care Services, LLC is the tenant and has submitted written authorization from the owner that allows the home to be licensed as an Adult Foster Care Home. On the 1st floor the home has a foyer, 3 bedrooms, living room, sunroom, dining room, kitchen, full bathroom, half bathroom, and laundry room. The 2nd floor has 3 bedrooms with a full bathroom and storage closets. The attached 2-car garage has a wide driveway to accommodate ample parking. The home is not wheelchair accessible.

The facility has a gas furnace and hot water heater located in the basement with a 1-3/4 solid core door equipped with an automatic self-closing device and positive latching hardware located at the top of the stairs. A furnace inspection was completed on 04/07/2026 by Action Plumbing & Heating Inc. and deemed operational. The home has a washer and dryer with a solid metal vent which is vented to the outside of the facility. There is a fireplace in the living room that is not functioning currently and is closed off to ensure it is not used. The facility is equipped with an interconnected smoke detection system which was inspected by Propel Tech & Electric on 05/27/2026 and is fully operational. The home has public water and sewer

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	20’ x 13’.5”	270 sq.ft.	1
2	13’.5” x 11’.1”	149.85 sq.ft.	1
3	15’.10” x 13’.5”	203.85 sq.ft.	1
4	12’.9” x 12’.8”	165.12 sq.ft.	1
5	13’.5” x 9’.4”	126.90 sq.ft.	1
6	12’.9” x 13’	167.70 sq.ft.	1

The living room, sunroom and dining room areas measure a total of 642.80 square feet of living space. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, it is concluded that this facility can accommodate **six (6)** residents. It is the licensee’s responsibility not to exceed the facility’s licensed capacity.

B. Program Description

Admission and discharge policies, program statement, refund policy, personnel policies, and standard procedures for the facility were reviewed and accepted as written. The applicant intends to provide 24-hour supervision, protection and personal care to six (6) male or female ambulatory adults age 18 and older, whose diagnosis is developmentally disabled and/or mentally impaired in the least restrictive environment possible. The program will include social interaction skills, personal hygiene, personal adjustment skills, and public safety skills. A personal behavior support plan will be designed and implemented for each resident's social and behavioral developmental needs. Residents will be referred from Community Mental Health.

If required, behavioral intervention and crisis intervention programs will be developed as identified in the assessment plan. These programs shall be implemented only by trained staff, and only with the prior approval of the resident, guardian, and the responsible agency.

The licensee will provide all transportation for program and medical needs. The facility will make provision for a variety of leisure and recreational equipment. It is the intent of this facility to utilize local community resources including public schools, libraries, and local museums, shopping centers, and local parks.

C. Applicant and Administrator Qualifications

The applicant is Serenity House Residential Care Services, L.L.C., which is a "Domestic Limited Liability Company", was established in Michigan, on 04/03/2023. The applicant has acknowledged sufficient financial resources to provide for the adequate care of the residents. The applicant submitted a financial statement and established an annual budget projecting expenses and income to demonstrate the financial capability to operate this adult foster care facility.

Serenity House Residential Care Services, L.L.C. has submitted documentation appointing Brandon Gadberry as Licensee Designee and Administrator for this facility.

A licensing record clearance request was completed and approved for Brandon Gadberry, licensee designee/ administrator. Brandon Gadberry, licensee designee/ administrator submitted a medical clearance request with statements from a physician documenting their good health and a current Communicable Disease/Tuberculosis Screening Questionnaire. Brandon Gadberry provided documentation to satisfy the qualifications and training requirements identified in the administrative group home rules.

The staffing pattern for the original license of this 6-bed facility is adequate and includes a minimum of 1 staff-to-6 residents per shift. It is the intent of the corporation that all staff shall be awake during sleeping hours.
The applicant acknowledges an understanding of the training and qualification

requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff –to- resident ratio.

The applicant acknowledged an understanding of the responsibility to assess the good moral character of employees and contractors who have regular, ongoing, “direct access” to residents or the resident information or both. The licensing consultant provided technical assistance on the process for obtaining criminal record checks utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org), L-1 Identity SolutionsTM (formerly Identix ®), and the related documents required to be maintained in each employees record to demonstrate compliance.

The applicant acknowledges an understanding of the administrative rules regarding medication procedures and that only those direct care staff that have received medication training and have been determined competent by the licensee can administer medication to residents. In addition, the applicant has indicated that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

The applicant acknowledges their responsibility to obtain all required documentation and signatures that are to be completed prior to each direct care staff or volunteer 4 working with residents. In addition, the applicant acknowledges their responsibility to maintain a current employee record on file in the home for the licensee, administrator, 4 and direct care staff or volunteer and the retention schedule for all of the documents contained within each employee’s file.

The applicant acknowledges an understanding of the administrative rules regarding informing each resident of their resident rights and providing them with a copy of those rights. The applicant indicated that it is their intent to achieve and maintain compliance with these requirements.

The applicant acknowledges an understanding of the administrative rules regarding the written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause. The applicant has indicated their intention to achieve and maintain compliance with the reporting and investigation of each incident and accident involving a resident, employee, and/or visitor.

The applicant acknowledges an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply.

The applicant acknowledges their responsibility to obtain all of the required forms and signatures that are to be completed prior to, or at the time of each resident’s admission to the home as well as the required forms and signatures to be completed for each resident on an annual basis. In addition, the applicant acknowledges their responsibility to maintain a current resident record on file in the home for each resident and the retention schedule for all of the documents contained within each resident’s file.

The applicant acknowledges their responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested

D. Rule/Statutory Violations

The applicant was in compliance with the licensing act and applicable administrative rules at the time of licensure. Compliance with the physical plant rules has been determined. Compliance with quality-of-care rules will be assessed during the period of temporary licensing via an on-site inspection

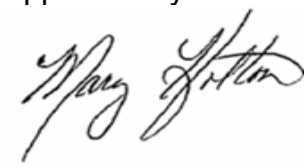
IV. RECOMMENDATION

I recommend issuance of a temporary license to this AFC adult small group home (capacity 3-6).

06/10/2026

Cynthia Badour — Date
Licensing Consultant

Approved By:



06/11/2026

Mary E. Holton — Date
Area Manager