GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

April 9, 2026

Leslee Poegel
American House Grosse Pointe Cottage
Ste 1600
161 Kercheval Ave
Grosse Pointe Farms, MI 48236

RE: License #: AH820397738
American House Grosse Pointe Cottage
Ste 1600
161 Kercheval Ave
Grosse Pointe Farms, MI 48236

Dear Licensee:

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 will be 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) 335-5985.

Sincerely,

Brender L. 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 #:	AH820397738
Licensee Name:	AH Grosse Pointe Subtenant LLC
Licensee Address:	Ste 1500 C/o RenewReit One SeaGate Toledo, OH 43804
Licensee Telephone #:	(248) 203-1800
Authorized Representative/Administrator:	Leslee Poegel
Name of Facility:	American House Grosse Pointe Cottage
Facility Address:	Ste 1600 161 Kercheval Ave Grosse Pointe Farms, MI 48236
Facility Telephone #:	(313) 939-2631
Original Issuance Date:	08/13/2020
Capacity:	77
Program Type:	AGED ALZHEIMERS

II.

III. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/08/2026

Date of Bureau of Fire Services Inspection if applicable:

Inspection Type: ☐ Interview and Observation ☒ Worksheet ☐ Combination

Date of Exit Conference: 04/08/2026

No. of staff interviewed and/or observed 13
No. of residents interviewed and/or observed 48
No. of others interviewed 1 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 the 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: 03/10/2026 2026A1027030 1932
- Number of excluded employees followed up? N/A ☒

IV. 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.

V. RECOMMENDATION

Renewal of the license is recommended.

04/09/2026

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Date

Licensing Consultant