GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

October 14, 2026

Vickie Forsyth
Serenity House Inc.
13326 S. Bliven Rd.
Byron, MI 48418

RE: License #: AM780092109
Serenity House
13326 S. Bliven Road
Byron, MI 48418

Dear Ms. Forsyth:

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 (517) 335-5985.

Sincerely,

Bridget Vermeesch

Bridget Vermeesch, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #:	AM780092109
Licensee Name:	Serenity House Inc.
Licensee Address:	13326 S. Bliven Rd. Byron, MI 48418
Licensee Telephone #:	(989) 634-5962
Licensee Designee/Administrator :	Vickie Forsyth, Designee
Name of Facility:	Serenity House
Facility Address:	13326 S. Bliven Road Byron, MI 48418
Facility Telephone #:	(989) 634-5962
Original Issuance Date:	05/23/2000
Capacity:	12
Program Type:	AGED ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 10/14/2026

Date of Bureau of Fire Services Inspection if applicable: 07/27/2026, 07/31/2025, 08/17/2026

Date of Health Authority Inspection if applicable: 06/24/2026

No. of staff interviewed and/or observed 1
No. of residents interviewed and/or observed 11
No. of others interviewed 1 Role: LD/Admin.

- 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 2 year regular adult foster care license, capacity of 12.

Bridget Vermeesch

10/14/2026

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Bridget Vermeesch Date
Licensing Consultant