GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

November 21, 2023

Matthew Sufnar
Encore McHenry
Suite 605
101 N Wacker Dr
Chicago, IL 60606

RE: Application #: AL500416944
The Courtyard At Sterling Heights 2
13400 19 Mlle Road
Sterling Heights, MI 48313

Dear Mr. Sufnar:

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 with a maximum capacity of 20 is issued.

OR

Attached is the Original Licensing Study Report for the above referenced facility. You have submitted an acceptable written corrective action plan covering the violations cited in the report. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 20 is issued.

OR

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial violations of applicable licensing statutes and administrative rules. Therefore, denial of issuance of a license is recommended. You will be notified in writing of the Agency's intention and your options for resolution of this matter.

OR

Attached is the Original Licensing Study Report for the above referenced facility. Due to the severity of the violations, a written corrective action plan is required. The corrective action plan is due 15 days from the date of this letter and must include the following:

- How compliance with each rule will be achieved.
- Who is directly responsible for implementing the corrective action for each violation.

- Specific time frames for each violation as to when the correction will be completed or implemented.
- How continuing compliance will be maintained once compliance is achieved.
- The signature of the responsible party and a date.

Upon receipt of an acceptable corrective action plan, a temporary license will be issued. If you fail to submit an acceptable corrective action plan, disciplinary action will result.

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 (248) 975-5053.

Sincerely,

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(586) 676-2877

enclosure

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

I. IDENTIFYING INFORMATION

License #:	AL500416944
Applicant Name:	Encore McHenry
Applicant Address:	Suite 605 101 N Wacker Dr Chicago, IL 60606
Applicant Telephone #:	(312) 623-0884
Administrator/Licensee Designee:	Matthew Sufnar, Designee
Name of Facility:	The Courtyard At Sterling Heights 2
Facility Address:	13400 19 MIle Road Sterling Heights, MI 48313
Facility Telephone #:	(586) 254-5719
Application Date:	06/29/2023
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED ALZHEIMERS AGED

II. METHODOLOGY

02/16/2023	Inspection Completed-Fire Safety : A See AL500402688
06/29/2023	Enrollment
07/07/2023	PSOR on Address Completed
07/11/2023	Application Incomplete Letter Sent AFC 100. 1326/fps/ri030
07/11/2023	Contact - Document Sent forms sent
08/24/2023	Application Incomplete Letter Sent
10/11/2023	Application Complete/On-site Needed
11/21/2023	Inspection Completed On-site
11/21/2023	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

B. Program Description

C. Rule/Statutory Violations

IV. RECOMMENDATION

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LaShonda Reed Date
Licensing Consultant

Approved By:

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Denise Y. Nunn Date
Area Manager