



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

September 27, 2021

Mark Bunk
Sunrise Assisted Living of Shelby Twp.
46471 Hayes Rd.
Shelby Twp., MI 48315

RE: License #: AH500281087
Sunrise Assisted Living of Shelby Twp.
46471 Hayes Rd.
Shelby Twp., MI 48315

Dear Mr. Bunk:

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, effective 9/8/21 until 9/7/22. 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) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. 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 #:	AH500281087
Licensee Name:	HCRI Sun III Tenant, Limited Partnership
Licensee Address:	Suite T-900 7900 Westpark Dr. McLean, VA 22102
Licensee Telephone #:	(703) 273-7500
Authorized Representative/Administrator:	Mark Bunk
Name of Facility:	Sunrise Assisted Living of Shelby Twp.
Facility Address:	46471 Hayes Rd. Shelby Twp., MI 48315
Facility Telephone #:	(586) 532-9559
Original Issuance Date:	02/17/2006
Capacity:	106
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 9/24/21

Date of Bureau of Fire Services Inspection if applicable: 9/15/21

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 9/27/21

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 37

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 residents' funds held.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain. Interviewed staff on the policies 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: No CAPS for this home.
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility is in compliance with all applicable rules and statutes.

IV. RECOMMENDATION

Renewal of the license is recommended.

Brenden D. Howard

9/27/21

Licensing Consultant

Date