



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 9, 2022

Sue Hamm
Sunset Manor
725 Baldwin Street
Jenison, MI 49428-7945

RE: License #: AH700236908
Sunset Manor
725 Baldwin Street
Jenison, MI 49428-7945

Dear Mrs. Hamm:

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 until 9/18/2022. It is valid only at your present address and is nontransferable.

Please contact me with any questions. In the event I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (616) 356-0100.

Sincerely,

A handwritten signature in cursive script that reads "Julie Viviano".

Julie Viviano, Licensing Staff
Bureau of Community and Health Systems
Unit 13, 7th Floor
350 Ottawa, N.W.
Grand Rapids, MI 49503
Cell (616) 204-4300

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

I. IDENTIFYING INFORMATION

License #:	AH700236908
Licensee Name:	Sunset Manor Inc.
Licensee Address:	725 Baldwin St. Jenison, MI 49428
Licensee Telephone #:	(616) 457-2770
Authorized Representative/Administrator:	Sue Hamm
Name of Facility:	Sunset Manor
Facility Address:	725 Baldwin Street Jenison, MI 49428-7945
Facility Telephone #:	(616) 457-2770
Original Issuance Date:	12/01/1999
Capacity:	188
Program Type:	ALZHEIMERS AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): On-site inspection completed 10/18/2021. CAP approved 11/21/22. Renewal license completion 2/9/2022.

Date of Bureau of Fire Services Inspection if applicable: Approved BFS – A rating received 02/09/2022.

Inspection Type: Interview and Observation Worksheet
 Combination

Date of Exit Conference: 2/9/2022

No. of staff interviewed and/or observed
No. of residents interviewed and/or observed
No. of others interviewed Role

- 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.
- Meal preparation / service observed? Yes No If no, explain.
- Fire drills reviewed? Yes No If no, explain.
- 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:
- Number of excluded employees followed up? N/A

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

Facility license to be renewed due to receipt of approved BFS rating.

IV. RECOMMENDATION

An acceptable BFS rating has been received. Renewal of the license is recommended.

Julie Miranda

2/9/2022

Licensing Consultant

Date