

GRETCHEN WHITMER
GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 28, 2021

Cynthia and Eugene Moore 1026 Maple Street Albion, MI 49224

RE: License #: AF130396803

Sunny Side Senior Care 20125 E. Michigan Ave Marshall, MI 49068

#### Dear Cynthia and Eugene Moore:

Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. 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 dates 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 licensee or licensee designee or home for the aged authorized representative and a date.

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

Please contact me with any questions. If I am not available, and you need to speak to someone immediately, you may contact the local office at (517) 284-9730.

Sincerely,

Saux M. amphell

Dawn Campbell, Licensing Consultant Bureau of Community and Health Systems 611 W. Ottawa Street P.O. Box 30664 Lansing, MI 48909 (517) 899-5607

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

#### I. IDENTIFYING INFORMATION

**License #:** AF130396803

**Licensee Name:** Cynthia and Eugene Moore

**Licensee Address:** 20125 E. Michigan Ave

Marshall, MI 49068

**Licensee Telephone #:** (269) 579-3173

Licensee/Licensee Designee: N/A

Administrator: N/A

Name of Facility: Sunny Side Senior Care

**Facility Address:** 20125 E. Michigan Ave

Marshall, MI 49068

**Facility Telephone #:** (269) 579-3173

Original Issuance Date: 01/14/2019

Capacity: 6

Program Type: AGED

### II. METHODS OF INSPECTION

Date	Date of On-site Inspection(s):		06/25/2021	
Date of Bureau of Fire Services Inspection if applicable: N/A				
Date of Health Authority Inspection if applicable: 03/15/2021				
· • • • • • • • • • • • • • • • • • • •		☐ Interview and Obe	servatior	n ⊠ Worksheet □ Full Fire Safety
No. of staff interviewed and/or observed No. of residents interviewed and/or observed No. of others interviewed Role:				1 3
•	Medication pass / sime	ulated pass observed?	' Yes ⊠	No 🗌 If no, explain.
•	Medication(s) and medication record(s) reviewed? Yes $oximes$ No $oximes$ If no, explain			
•	Resident funds and associated documents reviewed for at least one resident? Yes $\square$ No $\boxtimes$ If no, explain. Licensee does not hold resident funds. Meal preparation / service observed? Yes $\square$ No $\boxtimes$ If no, explain. Inspection not conducted at mealtime. Fire drills reviewed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.			
•	E-scores reviewed? (Special Certification Only) Yes  No N/A In N/A If no, explain.  Water temperatures checked? Yes No If no, explain.			
•	Incident report follow-up? Yes ⊠ No □ If no, explain.			
•	N/A	compliance verified?		CAP date/s and rule/s: N/A ⊠
•		olease explain) No □	N/A 🖂	<del>_</del>

#### **III. DESCRIPTION OF FINDINGS & CONCLUSIONS**

This facility was found to be in non-compliance with the following rules:

R 400.1407

Resident admission and discharge criteria; resident assessment plan; resident care agreement; house guidelines; fee schedule; physicians instructions; health care appraisal.

(6) A licensee shall review the written resident care agreement with the resident or the resident's designated representative and responsible agency at least annually or more often if necessary.

Resident A's written resident care agreement has not been updated since 2019.

#### IV. RECOMMENDATION

Contingent upon receipt of an acceptable corrective action plan, renewal of the license is recommended.

Dawn Campbell Date Licensing Consultant