



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

May 13, 2022  
Janet Gaines  
8930 M 15  
Clarkston, MI 48348

RE: License #: AM630009304  
**Sunshine Acres AFC Home**  
**8930 M 15**  
**Clarkston, MI 48348**

Dear Ms. Gaines:

Attached is the Renewal Licensing Study Report for the facility referenced above. You have submitted an acceptable written corrective action plan addressing the violations cited in the report. To verify your implementation and compliance with this corrective action plan:

The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, 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 (248) 975-5053.

Sincerely,

A handwritten signature in cursive script that reads "Sheena Bowman".

Sheena Bowman, Licensing Consultant  
Bureau of Community and Health Systems  
4th Floor, Suite 4B  
51111 Woodward Avenue  
Pontiac, MI 48342

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AM630009304
<b>Licensee Name:</b>	Janet Gaines
<b>Licensee Address:</b>	8930 M 15 Clarkston, MI 48348
<b>Licensee Telephone #:</b>	(248) 625-2533
<b>Licensee/Licensee Designee:</b>	N/A
<b>Administrator:</b>	Janet Gaines
<b>Name of Facility:</b>	Sunshine Acres AFC Home
<b>Facility Address:</b>	8930 M 15 Clarkston, MI 48348
<b>Facility Telephone #:</b>	(248) 625-2533
<b>Original Issuance Date:</b>	11/10/1986
<b>Capacity:</b>	9
<b>Program Type:</b>	DEVELOPMENTALLY DISABLED MENTALLY ILL

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 05/12/22

Date of Bureau of Fire Services Inspection if applicable: 12/02/21

Date of Health Authority Inspection if applicable: 02/23/22

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 1  
No. of residents interviewed and/or observed 8  
No. of others interviewed [redacted] Role: [redacted]

- 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.  
It was not meal time during the onsite.
- 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:  
LSR CAP Approved; 06/26/20 203(1), 208(1) (e ), 318(5), 401(2) 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.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

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

The licensee designee, Janet Gaines did not date Resident B's resident care agreement for 2020 nor did Resident B's guardian sign the resident care agreement. Ms. Gaines did not date Resident A's 2020 resident care agreement and; Resident B's 2021 resident care agreement was not signed by his guardian.

**R 400.14301      Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.**

(10) At the time of the resident's admission to the home, a licensee shall require that the resident or the resident's designated representative provide a written health care appraisal that is completed within the 90-day period before the resident's admission to the home. A written health care appraisal shall be completed at least annually. If a written health care appraisal is not available at the time of an emergency admission, a licensee shall require that the appraisal be obtained not later than 30 days after admission. A department health care appraisal form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Resident A did not receive a health care appraisal for 2020 or 2021. Resident B did not receive a 2021 health care appraisal.

**R 400.14401 Environmental health.**

(2) Hot and cold running water that is under pressure shall be provided. A licensee shall maintain the hot water temperature for a resident's use at a range of 105 degrees Fahrenheit to 120 degrees Fahrenheit at the faucet.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 06/26/20**

During the onsite, the water temperature was 130 degrees Fahrenheit.

**R 400.14203 Licensee and administrator training requirements.**

(1) A licensee and an administrator shall complete the following educational requirements specified in subdivision (a) or (b) of this subrule, or a combination thereof, on an annual basis:

(a) Participate in, and successfully complete, 16 hours of training designated or approved by the department that is relevant to the licensee's admission policy and program statement.

(b) Have completed 6 credit hours at an accredited college or university in an area that is relevant to the licensee's admission policy and program statement as approved by the department.

**REPEAT VIOLATION ESTABLISHED: LSR CAP APPROVED 06/26/20**

The licensee designee, Janet Gaines did not complete the required annual trainings for 2020 or 2021.

**R 400.14312 Resident medications.**

(4) When a licensee, administrator, or direct care staff member supervises the taking of medication by a resident, he or she shall comply with all of the following provisions:

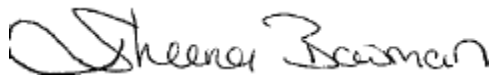
(c) Record the reason for each administration of medication that is prescribed on an as needed basis.

There was no record of the reason why Resident A was administered Acetaminophen which is a PRN during the month of May 2022.

A corrective action plan was requested and approved on 05/12/2022. It is expected that the corrective action plan be implemented within the specified time frames as outlined in the approved plan. A follow-up evaluation may be made to verify compliance. Should the corrections not be implemented in the specified time, it may be necessary to reevaluate the status of your license.

#### **IV. RECOMMENDATION**

An acceptable corrective action plan has been received. Renewal of the license is recommended.



Sheena Bowman  
Licensing Consultant

05/13/22

Date