

GRETCHEN WHITMER GOVERNOR STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

ORLENE HAWKS DIRECTOR

June 21, 2022

Rita Kumar Sunnydale Assisted Living & Memory Care LLC Suite 300 28592 Orchard Lake Rd. Farmington Hills, MI 48334

### RE: License #: AL500402309 Sunnydale Assisted Living & Memory Care 44315 N. Gratiot Clinton Twp., MI 48036

Dear Ms. Kumar:

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 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. 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,

Eric Johnson, Licensing Consultant Bureau of Community and Health Systems Cadillac Place, Ste 9-100 Detroit, MI 48202

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

## I. IDENTIFYING INFORMATION

License #:	AL500402309
Licensee Name:	Sunnydale Assisted Living & Memory Care LLC
Licensee Address:	Suite 300
	28592 Orchard Lake Rd.
	Farmington Hills, MI 48334
Liconcoc Tolonhono #:	
Licensee Telephone #:	
Licensee/Licensee Designee:	Rita Kumar, Designee
Administrator:	Laurie McAughey
Name of Facility:	Sunnydale Assisted Living & Memory Care
Facility Address:	44315 N. Gratiot
	Clinton Twp., MI 48036
Facility Talanhana #	(596) 402 7200
Facility Telephone #:	(586) 493-7300
Original Issuance Date:	12/15/2021
-	
Capacity:	20
Program Type:	PHYSICALLY HANDICAPPED
Program Type.	ALZHEIMERS
	AGED

# **II. METHODS OF INSPECTION**

Date of On-site Inspection(s):	06/09/2022	
Date of Bureau of Fire Services Inspection if applicable: 04/21/21		
Date of Health Authority Inspection if applicable: 10/19/21		
Inspection Type: Interview a	nd Observation 🛛 Worksheet on 🔹 🗌 Full Fire Safety	
No. of staff interviewed and/or observed4No. of residents interviewed and/or observed14No. of others interviewedn/aRole:14		
Medication pass / simulated pass obs	erved? Yes 🖂 No 🗌 If no, explain.	
• Medication(s) and medication record(s) reviewed? Yes 🛛 No 🗌 If no, explain.		
<ul> <li>Resident funds and associated documents reviewed for at least one resident? Yes X No I If no, explain.</li> <li>Meal preparation / service observed? Yes X No I If no, explain.</li> </ul>		
<ul> <li>Fire drills reviewed? Yes ⊠ No □ If no, explain.</li> </ul>		
• Fire safety equipment and practices observed? Yes $\boxtimes$ No $\square$ If no, explain.		
<ul> <li>E-scores reviewed? (Special Certification Only) Yes No N/A </li> </ul>		
<ul> <li>If no, explain.</li> <li>Water temperatures checked? Yes X No I If no, explain.</li> </ul>		
<ul> <li>Incident report follow-up? Yes No X If no, explain.</li> <li>none needed</li> </ul>		
<ul> <li>Corrective action plan compliance verified? Yes CAP date/s and rule/s:</li> <li>N/A X</li> </ul>		
Number of excluded employees follow	ved-up? N/A ⊠	
● Variances? Yes [] (please explain) No [] N/A []		

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

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

R 400.15312	Resident medications.
	(2) Medication shall be given, taken, or applied pursuant to label instructions.

During the onsite inspection on 06/09/22, I observed Resident A's medication, First-Omeprazole 2 MG and Haloperidol 2MG/ML did not match the Medication Administration Record (MAR). The dosage on the Medication Administration Record (MAR) did not match the dosage on the label of the medications.

## **IV. RECOMMENDATION**

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

06/21/22

Eric Johnson Licensing Consultant Date