



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

ORLENE HAWKS  
DIRECTOR

August 10, 2022

Leslie Pugh  
Sunset Assisted Living, Inc.  
28293 W. Sunset Blvd.  
Lathrup Village, MI 48076

RE: License #: AS630277724  
**Sunset Assisted Living**  
**28293 W. Sunset Blvd.**  
**Lathrup Village, MI 48076**

Dear Ms. Pugh:

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

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,

A handwritten signature in cursive script that reads "Johnna Cade".

Johnna Cade, Licensing Consultant  
Cadillac Place  
3026 W. Grand Blvd. Ste 9-100  
Detroit, MI 48202  
Phone: 248-302-2409

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AS630277724
<b>Licensee Name:</b>	Sunset Assisted Living, Inc.
<b>Licensee Address:</b>	28293 W. Sunset Blvd. Lathrup Village, MI 48076
<b>Licensee Telephone #:</b>	(248) 443-5199
<b>Licensee/Licensee Designee:</b>	Leslie Pugh
<b>Name of Facility:</b>	Sunset Assisted Living
<b>Facility Address:</b>	28293 W. Sunset Blvd. Lathrup Village, MI 48076
<b>Facility Telephone #:</b>	(248) 443-5199
<b>Original Issuance Date:</b>	12/28/2005
<b>Capacity:</b>	5
<b>Program Type:</b>	MENTALLY ILL AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 08/09/2022

Date of Bureau of Fire Services Inspection if applicable: N/A

Date of Health Authority Inspection if applicable: N/A

Inspection Type:  Interview and Observation  Worksheet  
 Combination  Full Fire Safety

No. of staff interviewed and/or observed 2

No. of residents interviewed and/or observed 3

No. of others interviewed 1 Role: Licensee

- 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.  
The inspection was not completed during meal time
- 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.  
There were no incidents to follow up on.
- Corrective action plan compliance verified? Yes  CAP date/s and rule/s:  
R 400.14507, R 400.14511 N/A
- Number of excluded employees followed-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:

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the onsite inspection completed on 08/09/22, there was no annual health care appraisal completed in 2021 for Resident A, Resident B and/or Resident C.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(4) At the time of admission, and at least annually, a written assessment plan shall be completed with the resident or the resident's designated representative, the responsible agency, if applicable, and the licensee. A licensee shall maintain a copy of the resident's written assessment plan on file in the home.

During the onsite inspection completed on 08/09/22, there was no written assessment plan completed in 2021 for Resident A, Resident B and/or Resident C.

<b>R 400.14301</b>	<b>Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.</b>
	(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.

During the onsite inspection completed on 08/09/22, there was no resident care agreement completed in 2021 for Resident A, Resident B and/or Resident C.

<b>R 400.14306</b>	<b>Use of assistive devices.</b>
	(3) Therapeutic supports shall be authorized, in writing, by a licensed physician. The authorization shall state the reason for the therapeutic support and the term of the authorization.

During the onsite inspection completed on 08/09/22, I observed:

- Resident A's 2022, health care appraisal indicates he uses a cane to ambulate. During the onsite inspection completed on 08/09/22, there was no prescription for Resident A's cane on file and available for review.
- Resident B's 2022, health care appraisal indicates she uses a cane and a wheelchair to ambulate. During the onsite inspection completed on 08/09/22, there was no prescription for Resident B's cane and/or wheelchair on file and available for review.
- Resident C's 2022, assessment plan indicates he uses a cane to ambulate. During the onsite inspection completed on 08/09/22, there was no prescription for Resident C's cane on file and available for review.

<b>R 400.14312</b>	<b>Resident medications.</b>
	(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.

During the onsite inspection completed on 08/09/22, I observed:

- Resident B is prescribed Acetaminophen 500 mg, take 1 tablet as needed for pain. This medication was administered to Resident B at 9:00 am and 9:00 pm 08/01/22 – 08/09/22. The reason for each administration of the medication was not documented.
- Resident A is prescribed Acetaminophen 325 mg, take 1 tablet every 12 hours as needed for pain. This medication was administered to Resident A at 9:00 am and 9:00 pm 08/01/22 – 08/09/22. The reason for each administration of the medication was not documented.
- Resident A is prescribed Proair HFA 90 mcg inhaler as needed for shortness of breath. This medication was administered to Resident A at 9:00 am from 08/01/22 – 08/09/22. The reason for each administration of the medication was not documented.

<b>R 400.14208</b>	<b>Direct care staff and employee records.</b>
(1) A licensee shall maintain a record for each employee. The record shall contain all of the following employee information: (f) Verification of reference checks.	

During the onsite inspection completed on 08/09/22, there was no verification of reference checks completed upon hire for direct care staff, Renee Brooks.

**IV. RECOMMENDATION**

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



08/10/2022

Johnna Cade  
Licensing Consultant

Date