



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

February 20, 2023

Matthew Sufnar
Randall Residence of Sterling Heights, LLC
13400 19 Mile Rd
Sterling Heights, MI 48313

RE: License #: AL500402688
Randall Residence of Sterling Heights II
13400 19 Mile Rd
Sterling Heights, MI 48313

Dear Mr. Sufnar:

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. 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 "L. Reed".

LaShonda Reed, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place, Ste 9-100
Detroit, MI 48202
(586) 676-2877

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

I. IDENTIFYING INFORMATION

License #: AL500402688

Licensee Name: Randall Residence of Sterling Heights, LLC

Licensee Address: 13400 19 Mile Rd
Sterling Heights, MI 48313

Licensee Telephone #: (586) 254-5719

Licensee/Licensee Designee: Matthew Sufnar

Administrator: Matthew Sufnar

Name of Facility: Randall Residence of Sterling Heights II

Facility Address: 13400 19 Mile Rd
Sterling Heights, MI 48313

Facility Telephone #: (586) 254-5719

Original Issuance Date: 08/11/2020

Capacity: 20

Program Type: PHYSICALLY HANDICAPPED
AGED
ALZHEIMERS

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 01/27/2023

Date of Bureau of Fire Services Inspection if applicable: 02/16/2023

Date of Health Authority Inspection if applicable:

No. of staff interviewed and/or observed 10+

No. of residents interviewed and/or observed 10+

No. of others interviewed 3 Role: Staff

- 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.
- 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:
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 determined to be in substantial compliance with rules and requirements.

IV. RECOMMENDATION

I recommend issuance of a 2-year regular adult foster care license.



02/20/2023

LaShonda Reed
Licensing Consultant

Date