



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
ACTING DIRECTOR

August 10, 2023

Jennifer Alexander
The Sunshine Cottage, LLC/Sunshine Cottage
5269 Navajo Trail
Pinckney, MI 48169

RE: License #: AS470384538
The Sunshine Cottage, LLC
622 N. Court Street
Howell, MI 48843

Dear Ms. Alexander:

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:

- You are to submit documentation of compliance by submitting authorization by a licensed physician stating the reason for the therapeutic support (hospital bed/bed rails) and the term of the authorization for all six residents by 9/8/2023.

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 (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Julie Elkins".

Julie Elkins, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909

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

I. IDENTIFYING INFORMATION

License #: AS470384538

Licensee Name: The Sunshine Cottage, LLC/Sunshine Cottage

Licensee Address: 5269 Navajo Trail
Pinckney, MI 48169

Licensee Telephone #: (810) 569-4909

Licensee Designee: Jennifer Alexander

Administrator: Ann Farnsworth

Name of Facility: The Sunshine Cottage, LLC

Facility Address: 622 N. Court Street
Howell, MI 48843

Facility Telephone #: (810) 569-4909

Original Issuance Date: 02/16/2017

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
ALZHEIMERS
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection: 08/09/2023

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

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 6

No. of others interviewed 1 Role: administrator

- 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.

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

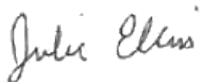
R 400.14306 Use of assistive devices.

(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.

Six of six resident records that were reviewed did not contain authorization by a licensed physician stating the reason for the therapeutic support (hospital bed and bed rails) and the term of the authorization.

IV. RECOMMENDATION

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



08/09/2023

Julie Elkins
Licensing Consultant

Date