



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

September 6, 2024

Mark Bunk  
Sunrise Assisted Living of Shelby Twp.  
46471 Hayes Rd.  
Shelby Twp., MI 48315

RE: License #: AH500281087  
**Sunrise Assisted Living of Shelby Twp.**  
**46471 Hayes Rd.**  
**Shelby Twp., MI 48315**

Dear Mr. Bunk:

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 review the enclosed documentation for accuracy and contact me with any questions. In the event that I am not available, and you need to speak to someone immediately, please feel free to contact the local office at (517) 284-9730.

Sincerely,

A handwritten signature in cursive script that reads "Brender D. Howard".

Brender Howard, Licensing Staff  
Bureau of Community and Health Systems  
611 W. Ottawa Street  
P.O. Box 30664  
Lansing, MI 48909  
(313) 268-1788

enclosure

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

**I. IDENTIFYING INFORMATION**

<b>License #:</b>	AH500281087
<b>Licensee Name:</b>	HCRI Sun III Tenant, Limited Partnership
<b>Licensee Address:</b>	Suite T-900 7900 Westpark Dr. McLean, VA 22102
<b>Licensee Telephone #:</b>	(703) 273-7500
<b>Authorized Representative/Administrator:</b>	Mark Bunk
<b>Name of Facility:</b>	Sunrise Assisted Living of Shelby Twp.
<b>Facility Address:</b>	46471 Hayes Rd. Shelby Twp., MI 48315
<b>Facility Telephone #:</b>	(586) 532-9559
<b>Original Issuance Date:</b>	02/17/2006
<b>Capacity:</b>	106
<b>Program Type:</b>	ALZHEIMERS AGED

## II. METHODS OF INSPECTION

Date of On-site Inspection(s): 09/05/2024

Date of Bureau of Fire Services Inspection if applicable: 02/05/2024

Inspection Type: ☐ Interview and Observation ☒ Worksheet  
☐ Combination

Date of Exit Conference: 09/05/2024

No. of staff interviewed and/or observed 11

No. of residents interviewed and/or observed 49

No. of others interviewed 3 Role Residents' family members

- Medication pass / simulated pass observed? Yes ☒ No ☐ If no, explain.
- Medication(s) and medication records(s) reviewed? Yes ☒ No ☐ If no, explain.
- Resident funds and associated documents reviewed for at least one resident? Yes ☐ No ☒ If no, explain. No funds held for residents.
- Meal preparation / service observed? Yes ☒ No ☐ If no, explain.
- Fire drills reviewed? Yes ☐ No ☒ If no, explain.  
Interviewed staff on the policy and procedures.
- Water temperatures checked? Yes ☒ No ☐ If no, explain.
- Incident report follow-up? Yes ☐ IR date/s: N/A ☒
- Corrective action plan compliance verified? Yes ☐ CAP date/s and rule/s: No CAPS for this home.
- Number of excluded employees followed up? N/A ☒

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

The facility was found to be in substantial compliance with the public health code and administrative rules regulating home for the aged facilities.

### IV. RECOMMENDATION

Renewal of the license is recommended.

*Brenden L. Howard*

9/06/2024

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Date

Licensing Consultant