



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

July 25, 2025

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 Jennifer Alexander:

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 or home for the aged authorized representative 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 (517) 335-5985.

Sincerely,

A handwritten signature in black ink that reads "Cathy Cushman". The signature is written in a cursive, flowing style.

Cathy Cushman, Licensing Consultant
Bureau of Community and Health Systems
611 W. Ottawa Street
P.O. Box 30664
Lansing, MI 48909
(269) 615-5190

**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: 07/24/2025

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

R 400.14306 Use of assistive devices.

(2) An assistive device shall be specified in a resident's written assessment plan and agreed upon by the resident or the resident's designated representative and the licensee.

FINDING: Resident A was utilizing a wheelchair, which was also identified on her Health Care Appraisal; however, the use of the wheelchair was not specified in her assessment plan.

R 400.14312 Resident medications.

(1) Prescription medication, including dietary supplements, or individual special medical procedures shall be given, taken, or applied only as prescribed by a licensed physician or dentist. Prescription medication shall be kept in the original pharmacy-supplied container, which shall be labeled for the specified resident in accordance with the requirements of Act No. 368 of the Public Acts of 1978, as amended, being S333.1101 et seq. of the Michigan Compiled Laws, kept with the equipment to administer it in a locked cabinet or drawer, and refrigerated if required.

FINDING: Lidocaine patches were observed in the facility's medication cart; however, they were not labeled for a specific resident. The Administrator, Ann Farnsworth, stated Resident B's family members dropped off these lidocaine patches for her to use; however, there was no order for these patches and they were not labeled specifically for her.

R 400.14312 Resident medications.

(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:

(b) Complete an individual medication log that contains all of the following information:

- (i) The medication.**
- (ii) The dosage.**
- (iii) *Label instructions for use.***
- (iv) Time to be administered.**

(v) The initials of the person who administers the medication, which shall be entered at the time the medication is given.

(vi) A resident's refusal to accept prescribed medication or procedures.

FINDING: The label instructions on Resident A's medication blister pack for her Januvia medication documented she was prescribed 100 mg tablets with the direction to "Take 1 tablet daily for controlling blood sugar"; however, upon review of her July 2025 Medication Administration Record (MAR), the instructions documented Resident A should receive two 50 mg tablets of Januvia daily. Subsequently, the label instructions on Resident A's MAR was not consistent with the label instructions on the medication blister pack.

R 400.14312 Resident medications.

(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:

(e) Not adjust or modify a resident's prescription medication without instructions from a physician or a pharmacist who has knowledge of the medical needs of the resident. *A licensee shall record, in writing, any instructions regarding a resident's prescription medication.*

FINDING: The Administrator, Ann Farnsworth, stated Resident B's Warfarin medication dosage had changed multiple times throughout July by Resident B's visiting medical providers; however, there was no record of these changes available for review during the inspection.

R 400.14507 Means of egress generally.

(5) A door that forms a part of a required means of egress shall be not less than 30 inches wide and shall be equipped with positive-latching, non-locking-against-egress hardware.

FINDING: The storm door on the back of the facility was locking against egress.

IV. RECOMMENDATION

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



07/25/2025

Cathy Cushman
Licensing Consultant

Date