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GOVERNOR

# STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS LANSING

MARLON I. BROWN, DPA DIRECTOR

August 14, 2025

Diane Jackson Sunshine Homes 3 LLC 28180 Danvers Dr. Farmington Hills, MI 48334

RE: License #: AS820369343

Sunshine Homes 3 LLC 18910 Huntington Ave Harper Woods, MI 48225

Dear Ms. Jackson:

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 (313) 456-0439.

Sincerely,

(313) 919-3003

Shatonla Daniel, Licensing Consultant Bureau of Community and Health Systems Cadillac Pl. Ste 9-100 3026 W. Grand Blvd Detroit, MI 48202

Shatorla Daniel

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

#### I. IDENTIFYING INFORMATION

**License #:** AS820369343

Licensee Name: Sunshine Homes 3 LLC

**Licensee Address:** 18910 Huntington Ave

Harper Woods, MI 48225

**Licensee Telephone #:** (248) 229-2028

Licensee/Licensee Designee: Diane Jackson

**Administrator:** Diane Jackson

Name of Facility: Sunshine Homes 3 LLC

Facility Address: 18910 Huntington Ave

Harper Woods, MI 48225

**Facility Telephone #:** (248) 229-2028

Original Issuance Date: 02/19/2015

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED

**DEVELOPMENTALLY DISABLED** 

MENTALLY ILL

### **II. METHODS OF INSPECTION**

| Date  | of On-site Inspection(s):   | 08/13/20  | )25                             |
|---|---|-----------|---------------------------------|
| Date of Bureau of Fire Services Inspection if applicable: |   |           |                                 |
| Date of Health Authority Inspection if applicable:        |   |           |                                 |
| No. c   | of staff interviewed and/or observed of residents interviewed and/or observed of others interviewed 1 Role: Office Ma | anager    | 2<br>2                          |
| • 1   | Medication pass / simulated pass observed?  | Yes 🗌     | No ⊠ If no, explain.            |
| • 1   | Medication(s) and medication record(s) revie  | wed? Ye   | es 🗵 No 🗌 If no, explain.       |
| `   | Resident funds and associated documents re<br>Yes   |           |                                 |
| • [   | Fire drills reviewed? Yes 🗵 No 🗌 If no, ex  | plain.    |                                 |
| • [   | Fire safety equipment and practices observed  | d? Yes [  | ⊠ No  lf no, explain.           |
| I   | E-scores reviewed? (Special Certification On<br>lf no, explain.<br>Water temperatures checked? Yes ⊠ No □             |           |                                 |
| • I   | ncident report follow-up? Yes 🗵 No 🗌 If r   | no, expla | in.                             |
|   | Corrective action plan compliance verified? ` N/A   Number of excluded employees followed-up?                         |           | CAP date/s and rule/s:<br>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 400.14301

Resident admission criteria; resident assessment plan; emergency admission; resident care agreement; physician's instructions; health care appraisal.

(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.

At the time of inspection, Resident A's records reviewed did not contain a resident care agreement signed by the licensee designee for 2025.

#### R 400.14511 Flame-producing equipment; enclosures.

(2) Heating plants and other flame-producing equipment located on the same level as the residents shall be enclosed in a room that is constructed of material which has a 1-hour-fire-resistance rating, and the door shall be made of 1 3/4-inch solid core wood. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

At the time of inspection, I observed the laundry room with a gas clothing dryer without a door made of 1 3/4-inch solid core wood or equivalent. The door shall be hung in a fully stopped wood or steel frame and shall be equipped with an automatic self-closing device and positive-latching hardware.

## IV. RECOMMENDATION

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

08/14/2025

Shatonla Daniel Date

**Licensing Consultant** 

Shetorla Daniel