



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

MARLON I. BROWN, DPA  
DIRECTOR

February 11, 2026

Sharon Cuddington  
Trinity Continuing Care Services  
Suite 200  
20555 Victor Parkway  
Livonia, MI 48152

RE: License #: AL470261126  
**Sanctuary at Woodland #2**  
**7533 Grand River**  
**Brighton, MI 48114**

Dear Ms. Cuddington:

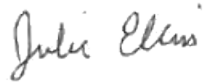
Attached is the Renewal Licensing Study Report for the facility referenced above. The violations cited in the report require the submission of a written corrective action plan. The corrective action plan is due 15 days from the date of this letter and must include the following:

- 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 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

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

**I. IDENTIFYING INFORMATION**

**License #:** AL470261126

**Licensee Name:** Trinity Continuing Care Services

**Licensee Address:** Suite 200  
20555 Victor Parkway  
Livonia, MI 48152

**Licensee Telephone #:** (810) 989-7492

**Licensee Designee:** Sharon Cuddington

**Administrator:** Sharon Cuddington

**Name of Facility:** Sanctuary at Woodland #2

**Facility Address:** 7533 Grand River  
Brighton, MI 48114

**Facility Telephone #:** (810) 844-7477

**Original Issuance Date:** 04/06/2005

**Capacity:** 20

**Program Type:** PHYSICALLY HANDICAPPED  
AGED

## II. METHODS OF INSPECTION

Date of On-site Inspections: 02/10/2026

Date of Bureau of Fire Services Inspection if applicable: 10/03/2025

Date of Health Authority Inspection if applicable: N/A

No. of staff interviewed and/or observed 3

No. of residents interviewed and/or observed 16

No. of others interviewed 1 Role: licensee designee

- 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:  
CAP 2/26/2024- 301 (10) and 307 (9) N/A
- Number of excluded employees followed-up? N/A
- Variances? Yes  (please explain) No  N/A   
405 (3) and 408 (9) are equivalent to current rule 651 (6).

### III. DESCRIPTION OF FINDINGS & CONCLUSIONS

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

**R 400.631                    Health screenings.**

**(2) A licensee shall have on file a statement signed by a licensed physician or physician's designee attesting to the physical health of the licensee, staff, and members of the household. Statements for the licensee and administrator must be signed no more than 6 months before the issuance of a temporary license and at any other time requested by the department. Statements for staff and members of the household must be obtained within 30 days of employment start date, assumption of duties, or occupancy in the facility.**

The licensee did not have a statement signed by a licensed physician or physician's designee attesting to the physical health of the member of the household who has been residing at the facility since November 2025.

**R 400.637                    Handling of resident funds and valuables.**

**(13) Charges against a resident's account must not exceed the agreed price for the services rendered and goods furnished or made available by the facility to the resident.**

Charges against the accounts for Resident A and Resident B exceeded the agreed upon amount documented on each resident care agreement.

**R 400.685                    Resident admission; resident assessment plan; resident care agreement; health care appraisal.**

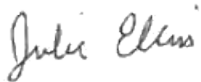
(9) A licensee shall review the written resident care agreement with the resident, resident's designated representative, or responsible agency at least annually or more often if necessary. Any changes to the resident care agreement must be re-signed by all applicable parties. If the annual review results in no changes to the resident care agreement the resident care agreement does not need to be re-signed but the licensee shall document that all applicable parties were contacted and agreed that no changes were necessary.

Resident A and Resident B's *Resident Care Agreements* were last updated in 2024 and rent increases accrued in 2025 and 2026 therefore the *Resident Care Agreements* were not updated annually nor updated when changes to the residents' account were made.

Resident A's *Resident Care Agreement* was not signed by the licensee.

#### IV. RECOMMENDATION

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



02/11/2026

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Julie Elkins  
Licensing Consultant

Date