



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MARLON I. BROWN, DPA
DIRECTOR

June 9, 2026

Janet Gaines
8930 M 15
Clarkston, MI 48348

RE: License #: AM630009304
Sunshine Acres AFC Home
8930 M 15
Clarkston, MI 48348

Dear Ms. Gaines:

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 (248) 972-9136.

Sincerely,

A handwritten signature in cursive script that reads "Kristine Cilluffo".

Kristine Cilluffo, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Place
3026 West Grand Blvd Ste 9-100
Detroit, MI 48202
(248) 285-1703

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

I. IDENTIFYING INFORMATION

License #:	AM630009304
Licensee Name:	Janet Gaines
Licensee Address:	8930 M 15 Clarkston, MI 48348
Licensee Telephone #:	(248) 625-2533
Licensee/Licensee Designee:	Janet Gaines
Administrator:	Jody Hurren
Name of Facility:	Sunshine Acres AFC Home
Facility Address:	8930 M 15 Clarkston, MI 48348
Facility Telephone #:	(248) 625-2533
Original Issuance Date:	11/10/1986
Capacity:	9
Program Type:	DEVELOPMENTALLY DISABLED MENTALLY ILL

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 06/09/2026

Date of Bureau of Fire Services Inspection if applicable: 09/22/2025

Date of Health Authority Inspection if applicable: 03/10/2026

No. of staff interviewed and/or observed 1

No. of residents interviewed and/or observed 7

No. of others interviewed 1 Role: Administrator

- Medication pass / simulated pass observed? Yes No If no, explain.
Reviewed medications with Administrator.
- 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.
Inspection did not occur during a meal preparation.
- Fire drills reviewed? Yes No If no, explain.
- Fire safety equipment and practices observed? Yes No If no, explain.
BFS approval 09/22/2025
- 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 date 06/04/2024- AS205(4), AS301(10), AS312(4)(b) 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 400.647	Safety and maintenance of premises.
	(1) A facility must be constructed, arranged, and maintained to provide adequately for the health, safety, and well-being of occupants.
During the onsite inspection, I observed items including wood and paper products being stored next to the furnace. Items should be moved away from furnace area.	
R 400.675	Resident medications.
	(1) Medication must be given, taken, or applied as prescribed, ordered, or directed by an appropriately licensed health care professional.
Resident A's June 2026 medication log listed Ferrous Sulfate, three times daily, at 8:00 am, 4:00 pm and 9:00 pm. The medication log was initialed by staff indicating that the medication was administered, however, the medication was not available in the home at the time of inspection. Medication should be given as prescribed or removed from medication log if discontinued.	
R 400.675	Resident medications.
	(7) Prescription medication that is no longer required by a resident or expired must be properly disposed of.
Resident A had Glimepiride 2 mg pills that were not listed on June 2026 medication log. Administrator indicated that the medication has been discontinued. Administrator was advised to dispose of medication that is no longer required.	

IV. RECOMMENDATION

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

Kristine Cilluffo

06/09/2026

Kristine Cilluffo
Licensing Consultant

Date