



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF COMMUNITY AND HEALTH SYSTEMS

MIKE ZIMMER
DIRECTOR

February 9, 2016

Diane Jackson
Sunshine Care LLC
28180 Danvers Drive
Farmington Hills, MI 48334

RE: Application #: AS630379574
Sunshine Care LLC
22318 Berg Road
Southfield, MI 48033

Dear Ms. Jackson:

Attached is the Original Licensing Study Report for the above referenced facility. The study has determined substantial compliance with applicable licensing statutes and administrative rules. Therefore, a temporary license with a maximum capacity of 6 is issued.

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 contact the local office at (248) 975-5053.

Sincerely,

Felicia Townsend

Felicia Townsend, Licensing Consultant
Bureau of Community and Health Systems
4th Floor, Suite 4B
51111 Woodward Avenue
Pontiac, MI 48342
(248) 860-4298

Enclosure

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

I. IDENTIFYING INFORMATION

License #:	AS630379574
Applicant Name:	Sunshine Care LLC
Applicant Address:	22318 Berg Road Southfield, MI 48033
Applicant Telephone #:	(248) 514-9874
Administrator/Licensee Designee:	Diane Jackson
Name of Facility:	Sunshine Care LLC
Facility Address:	22318 Berg Road Southfield, MI 48033
Facility Telephone #:	(248) 229-2018
Application Date:	09/08/2015
Capacity:	6
Program Type:	MENTALLY ILL DEVELOPMENTALLY DISABLED PHYSICALLY HANDICAPPED TRAUMATICALLY BRAIN INJURED

II. METHODOLOGY

09/08/2015	Enrollment
09/10/2015	Contact - Document Received Medical Clearance and TB/Diane.
09/17/2015	Application Complete/On-site Needed
09/17/2015	File Transferred To Field Office Pontiac.
09/17/2015	Contact - Document Sent Act & Rules.
09/24/2015	Contact - Document Received Licensing file received from Central office
10/09/2015	Application Incomplete Letter Sent Application complete On-site needed
01/16/2016	Inspection Completed-BCAL Full Compliance

III. DESCRIPTION OF FINDINGS & CONCLUSIONS

A. Physical Description of Facility

This evaluation is based upon the requirements of P.A. 218 of the Michigan Public Acts of 1979, as amended, and the Administrative Rules governing operation of small group adult foster care facilities with an approved capacity of 1-6 residents, licensed or proposed to be licensed after 5/24/1994.

The Sunshine Care LLC is located at 22318 Berg Rd., Southfield, MI. The home is owned by Keith and Diane Jackson. Proof of ownership is contained in the facility file.

Sunshine Care LLC is a ranch style brick home located in a suburban area of similar construction homes with 2,184 square feet of living space. The home has a two car garage. The home consists of a kitchen, living room, dining room, office, three bedrooms, two bathrooms, laundry room.

The home is not equipped with a basement. The facility is heated by a natural gas forced air furnace. The furnace and hot water heater are located in the attic of the home.

The home is equipped with an interconnected, hardwired smoke detection system with battery back-up which was installed by a licensed electrician and is fully operational.

Resident bedrooms were measured during the on-site inspection and have the following dimensions:

Bedroom #	Room Dimensions	Total Square Footage	Total Resident Beds
1	17'5" x 9'10"	159.25	2
2	10'1" x 13'10"	132.31	2
3	24" x 11'5"	276	2

Measurements were taken of the indoor living space and are as follows: The dining room measured 9' x 11' or 99 square feet and the living room measured 24'5" x 24" or 588 square feet. This exceeds the minimum of 35 square feet per occupant requirement.

Based on the above information, this facility can accommodate 6 residents. It is the licensee's responsibility not to exceed the facilities licensed capacity.

B. Program Description

Sunshine Care LLC submitted an application for an original license on September 10, 2015 for a small group home. The licensee designee and administrator for Sunshine Care LLC is Diane Jackson. The application indicates that the home will accept both males and females, 18 years of age and up whom are developmentally disabled, physically handicapped and mentally ill. Residents can be ambulatory or non-ambulatory as the home is barrier free in design.

Sunshine Care LLC intends to provide 24-hour supervision, protection and personal care to six residents. The program will include social interaction, meal preparation, community activities, medication administration and scheduling, monitoring and transportation to medical appointments. The program is designed to meet the needs, interests and abilities of the residents. The corporation has a contract with Easter Seals to provide services and placement of residents. Sunshine Care LLC has one other licensed adult foster care home Sunshine Homes AS820316111 with the State of Michigan.

In addition to the above program elements, it is the intent of Sunshine Care LLC to utilize local community resources for recreational activities including the library, local parks, shopping centers, churches, movie theaters, etc. These resources provide an environment to enhance the quality of life and increase the independence of residents.

Sunshine Care LLC is a "Domestic Limited Liability Company" established on February 9, 2016. Ms. Jackson submitted documents including articles of incorporation, organizational chart and a list of the board of directors. Ms. Jackson also submitted

financial documents including an income statement of corporation, balance sheet of the corporation and the projected budget for the home.

The Board of Directors of Sunshine Care LLC, Inc. has submitted documentation appointing Diane Jackson as the licensee designee and the administrator for this facility.

Criminal history background checks of Ms. Jackson were completed and they were determined to be of good moral character to provide licensed adult foster care. Ms. Jackson also submitted statements from a physician documenting their good health and current negative tuberculosis test results.

Ms. Jackson is the Director of Operations for Sunshine Care LLC and has been involved in providing Adult Foster Care services to developmentally disabled, Mentally Ill, Aged and Physically Handicapped for over four years. Sunshine Care LLC currently operates one AFC home in Wayne County and Ms. Jackson serves as the licensee designee for this AFC home. Ms. Jackson submitted documentation of various trainings she has participated in within the last year. Based on her previous experience, Ms. Jackson is qualified to serve as the licensee designee for the Sunshine Care LLC.

Ms. Jackson is currently the licensee designee and administrator for Sunshine Care LLC and has been involved in providing services to developmentally disabled individuals for more than four years. Based on Ms. Jackson's previous experience, she is qualified to serve as the administrator for the Sunshine Care LLC.

The staffing pattern for the original license of this 6 bed facility is adequate for 6 residents per shift. Ms. Jackson acknowledged that the staff to resident ratio may need to be increased in order to provide the level of supervision or personal care required by the residents due to changes in their behavioral, physical, or medical needs. Ms. Jackson has indicated that direct care staff will be awake during sleeping hours.

Ms. Jackson acknowledged an understanding of the qualifications, suitability, and training requirements for direct care staff prior to each person working in the facility in that capacity or being considered as part of the staff to resident ratio.

Ms. Jackson acknowledged an understanding of the responsibility to assess the good moral character of employees and acknowledges the requirement for obtaining criminal record checks of employees and contractors who have regular, ongoing "direct access" to residents or resident information or both utilizing the Michigan Long Term Care Partnership website (www.miltcpartnership.org) and the related documents required to demonstrate compliance.

Ms. Jackson acknowledged an understanding of the administrative rules regarding medication procedures and assured that only those direct care staff that have received medication training and have been determined competent by the licensee or licensee designee will administer medication to residents. In addition, Ms. Jackson has indicated

that resident medication will be stored in a locked cabinet and that daily medication logs will be maintained on each resident receiving medication.

Ms. Jackson acknowledged the responsibility to obtain all required good moral character, medical, and training documentation and signatures that are to be completed prior to each direct care staff or volunteer working directly with residents. In addition, Ms. Jackson acknowledged the responsibility to maintain all required documentation in each employee's record for each licensee or licensee designee, administrator, and direct care staff or volunteer and follow the retention schedule for those documents contained within each employee's record.

Ms. Jackson acknowledged an understanding of the administrative rules regarding the admission criteria and procedural requirements for accepting a resident into the adult foster care home.

Ms. Jackson acknowledged the responsibility to obtain the required written assessment, written assessment plan, resident care agreement, and health care appraisal forms and signatures that are to be completed prior to, or at the time of, each resident's admission to the home as well as updating and completing those forms and obtaining new signatures for each resident on an annual basis.

Ms. Jackson acknowledged the responsibility to maintain a current resident record on file in the home for each resident and follow the retention schedule for all of the documents that are required to be maintained within each resident's file.

Ms. Jackson acknowledged an understanding of the administrative rules regarding the handling of resident funds and valuables and intends to comply. The applicant(s) acknowledged that a separate *Resident Funds Part II BCAL-2319* form will be created for each resident in order to document the date and amount of the adult foster care service fee paid each month and all of the residents' personal money transactions that have been agreed to be managed by the applicant.

Ms. Jackson acknowledged an understanding of the administrative rules requiring that each resident be informed of their resident rights and provided with a copy of those rights and indicated the intent to respect and safeguard these resident rights.

Ms. Jackson acknowledged an understanding of the administrative rules regarding the requirements for written and verbal reporting of incidents and accidents and the responsibility to conduct an immediate investigation of the cause.

Ms. Jackson acknowledged the responsibility to provide a written discharge notice to the appropriate parties when a 30-day or less than 30-day discharge is requested.

C. Rule/Statutory Violations

Compliance with the licensing act and administrative rules related to the physical plant has been determined. Compliance with administrative rules related to quality of care will be assessed during the temporary license period.

IV. RECOMMENDATION

I recommend issuance of a temporary license and special certification to this AFC adult small group home (capacity 1-6).

Felicia Townsend

02/09/2016

Felicia Townsend
Licensing Consultant

Date

Approved By:

Denise Y. Nunn

02/09/2016

Denise Y. Nunn
Area Manager

Date