



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

ORLENE HAWKS
DIRECTOR

April 27, 2021

Diane Jackson
Sunshine Homes 2 LLC
28180 Danvers Drive
Farmington Hills, MI 48334

RE: License #: AS820347171
Sunshine Homes
27287 Stanford
Inkster, MI 48141

Dear Mrs. 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) 456-0380.

Sincerely,

A handwritten signature in blue ink that reads "K. Robinson". The signature is written in a cursive style with a large, stylized "K" and a clear, legible "Robinson".

K. Robinson, LMSW, Licensing Consultant
Bureau of Community and Health Systems
Cadillac Pl. Ste 9-100
3026 W. Grand Blvd
Detroit, MI 48202
(313) 919-0574

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

I. IDENTIFYING INFORMATION

License #: AS820347171

Licensee Name: Sunshine Homes 2 LLC

Licensee Address: 28180 Danvers Drive
Farmington Hills, MI 48334

Licensee Telephone #: (248) 229-2028

Licensee/Licensee Designee: Diane Jackson, Designee

Administrator: Diane Jackson

Name of Facility: Sunshine Homes

Facility Address: 27287 Stanford
Inkster, MI 48141

Facility Telephone #: (313) 561-3146

Original Issuance Date: 02/05/2014

Capacity: 6

Program Type: PHYSICALLY HANDICAPPED
DEVELOPMENTALLY DISABLED
MENTALLY ILL
AGED

II. METHODS OF INSPECTION

Date of On-site Inspection(s): 04/19/2021, 04/23/2021

Date of Bureau of Fire Services Inspection if applicable:

Date of Health Authority Inspection if applicable:

Inspection Type: Interview and Observation Worksheet
 Combination Full Fire Safety

No. of staff interviewed and/or observed 02

No. of residents interviewed and/or observed 05

No. of others interviewed 01 Role: Licensee

- Medication pass / simulated pass observed? Yes No If no, explain.
Due to the Covid-19 pandemic the records review was completed virtually.
- 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 400.14205 **Health of a licensee, direct care staff, administrator, other employees, those volunteers under the direction of the licensee, and members of the household.**

(6) A licensee shall annually review the health status of the administrator, direct care staff, other employees, and members of the household. Verification of annual reviews shall be maintained by the home and shall be available for department review.

There is no documentation the licensee verified the health status of DCW Aisha Smith during the years 2019 or 2021. Her last review was completed on 1/25/20.

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.

IB's guardian didn't sign the Resident Care Agreements dated 12/20/20 and 1/6/20.

R 400.14310 **Resident health care.**

(3) A licensee shall record the weight of a resident upon admission and monthly thereafter. Weight records shall be kept on file for 2 years.

Observed IB's weight records are inaccurate. Specifically, some weights were taken with the added weight of her wheelchair and other months the wheelchair was deducted. Workers failed to consistently report if the wheelchair was added or not, causing confusion about IB's weight fluctuation. For example, the resident's weight is recorded as 250 pounds on 3/15/21, then the following month on 4/15/20, her weight is recorded as 271 pounds with no explanation provided for the 21-pound gain.

R 400.14315 Handling of resident funds and valuables.

(3) A licensee shall have a resident's funds and valuables transaction form completed and on file for each resident. A department form shall be used unless prior authorization for a substitute form has been granted, in writing, by the department.

Observed Resident Funds II are not up to date. The licensee explained the Home Manager abruptly quit on the day of inspection; therefore, the records had not been updated. The licensee reported the Home Manager is responsible for recording all fund transactions, including allowance payments and payments made to the home.

IV. RECOMMENDATION

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



04/27/21

Date

Licensing Consultant